VOLUME 39
NUMBER 8

AUGUST
1943

THE CANADIAN NURSE

Sister Kenny examines a patient

See Page 509

on University
School of Education

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QUESTION: *Why do you choose canned evaporated milk for use in preparing the formulae for so many of your infants?*

ANSWER: Treatments such as homogenization and heat processing used in the production of evaporated milk alter the physical properties of the proteins so as to produce a soft curd which is easily digested by the young infant (1). Because of the uniform composition of evaporated milk, it is easy to modify the formula as may be indicated by the behavior of the individual infant (2). In addition, the ready availability in all localities, and the economy of canned evaporated milk are important factors contributing to an adequate intake of milk during infancy and later life (3).

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(1) 1939. Accepted Foods and Their Nutritional Significance, Council on Foods, American Medical Association, Chicago, Illinois.

(2) 1937. American J. Digestive Disease and Nutrition, 240.

(3) 1940. Am. J. Pub. Health 30, 169.

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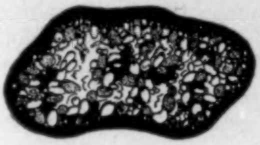
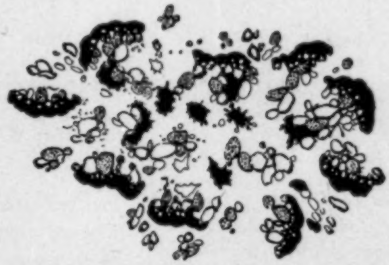
FOOD CELL BEFORE HOMOGENIZATION



Note that nourishment is enclosed by tough cellulose wall which careful straining does not break down. Undeveloped digestive juices of the infant stomach may not penetrate cellulose wall and needed nourishment is lost. Undigested food passes into large intestine where it may ferment and cause serious disturbances.

FOOD CELL AFTER HOMOGENIZATION



Note that tough cellulose wall has been completely broken down. Nourishment has been released for quick digestion. Danger of intestinal disorders caused by fermentation of partly digested food is largely overcome, and baby gets more nourishment from the same amount of food.

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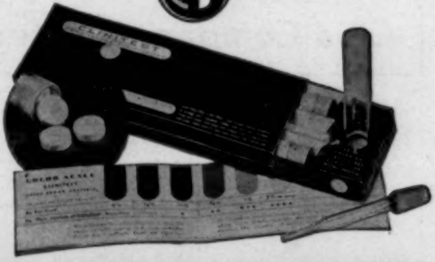

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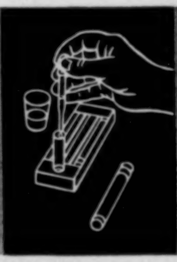

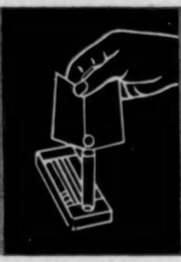

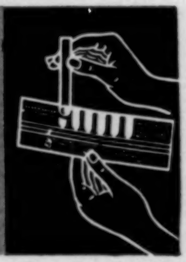

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After the Conquest, many British Officers brought their own Clocks to Canada, this being one of them, made by John Davidge of London in 1722. Also many Long Case clocks in this country were brought to us by the Empire Loyalists, but with their clocks most of the Cases were American made, the movement only being English.

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By G. A. Bunting, A.M., Ph.G., D.Sc.

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Every good nurse wants to make her patients comfortable, I know. So keep a jar of Noxzema handy. Use it for bed sores and sheet burns; for rough, dry lips after anaesthetics — and for babies suffering from prickly heat, chafed skin and diaper rash.

You'll find Noxzema is greaseless, non-sticky; it vanishes almost at once, doesn't soil bed linen or clothing—and that's important in a nurse's job.

I hope you'll let Noxzema help *you* as it has so many other nurses!

The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.
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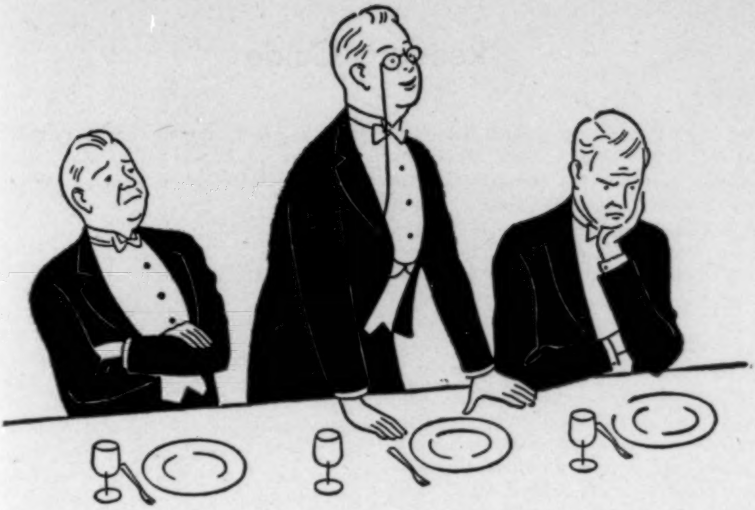

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Reader's Guide

A most comprehensive and searching analysis of the present crisis in nursing service in hospitals was recently presented to the National League of Nursing Education by **Clare Dennison.** With the kind permission of the League, and of the editor of the American Journal of Nursing, we are privileged to reprint a slightly abridged version of this excellent study.

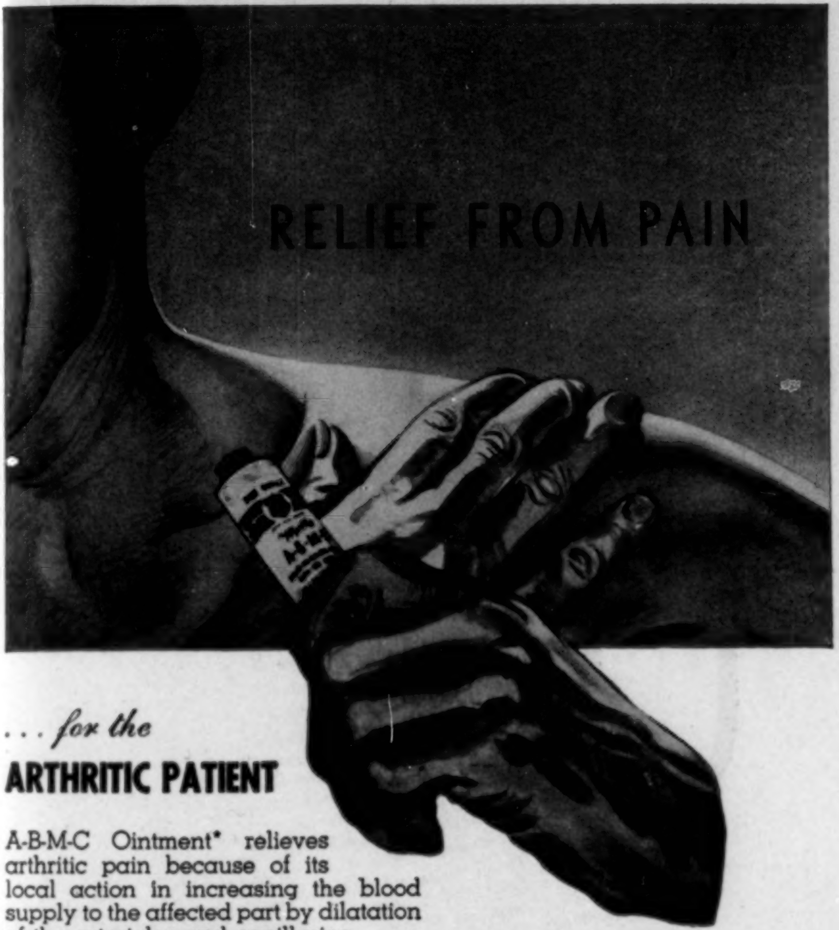
At a time when a good deal of confused thinking is going on in our midst, it is most enlightening to examine Miss Dennison's findings and to speculate upon the extent to which they also apply in Canada. In one respect, at least, the situation is identical. Here, as in the United States, there has been an enormous increase in the demands made upon hospital nursing staffs, and there appears to be a growing doubt as to whether all these demands are entirely legitimate. Certainly the relation of some of them to the actual nursing care of the patient is decidedly nebulous. Furthermore, there is good reason to believe that the primary function of the nurse is far too often neglected because her time and energy are diverted to tasks which ought not to be assigned to her at all. Perhaps it is time that we limited our extra-curricular activities with a view to doing our real job more thoroughly than it is being done now. After all, our first duty is to give skilled nursing care to our patients.

Dr. C. E. Dolman presents a most convincing statement of the value of periodic health examinations in industry. More money than ever before is being spent by employers on medical and nursing services simply because it is good business to keep the worker healthy and happy, and "on the job". To what extent this policy will be maintained in times of peace remains to be seen, the chances are that there will be some falling away but that the more progressive firms will stand by it if only from motives of enlightened self-interest. Dr. Dolman is head of the department of bacteriology and preventive medicine in the University of British Columbia and has had long experience in the education of public health nurses.

Provincial Associations of Registered Nurses are certainly not letting the grass grow under their feet in these eventful days. If you will turn to *Notes from the National Office* and read the reports of the various annual meetings you will find evidence of all sorts of activities, ranging from strengthening the Acts which govern registration to conducting refresher courses. Incidentally, it is encouraging to note the excellent use to which each Province is putting its share of the federal grant. Not a penny has been wasted and the harvest is already being reaped in more fields than one.

There can be no doubt about the eager response made by student nurses when they are given a chance of observing various public health activities at first hand. **Phyllis Reeve** gives a clear and stimulating outline of what is being done along these lines in Toronto, in the School of Nursing of the Hospital for Sick Children. In her dual capacity as public health instructor and clinical instructor in the out-patient department of the Hospital, Miss Reeve has excellent opportunities of carrying out her ideas in terms of action. It is quite apparent that she has let none of them escape her. Where there's a will there's a way!

When all the various reports and surveys which affect nurses and nursing are assembled and correlated, we ought to have a pretty good idea of where we stand. **Kathleen Ellis** gives a forecast of the final report which indicates its probable trend, clears up some misconceptions, and suggests certain factors in supply and distribution that call for more intensive study than has yet been given them.



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†Archives of Physical Therapy, *21*, 12 (Jan.) 1940.

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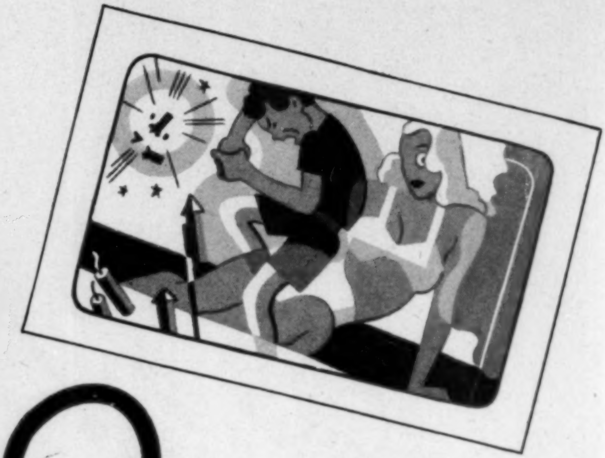

1. Summertime doubles exposure to numerous risks: (*a*) Many will bathe too long in the burning rays of the sun, get too close to campfires and hold fireworks too long, exposing themselves to the double risk of painful burns and dangerous infections. (*b*) Others will suffer cuts, abrasions and minor lacerations that often go with strenuous participation in outdoor sports.

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The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION
VOLUME THIRTY-NINE *NUMBER EIGHT*
AUGUST 1943

It Took Thirty-three Years

The Children's Memorial Hospital of Montreal stands high on the slope of Mount Royal and, on a summer morning, you can look out over the city and the blue St. Lawrence to the distant hills on the southern horizon. Last year, this Hospital had to cope with a severe epidemic of poliomyelitis and, in spite of a desperate shortage of nursing and domestic staff, rose to the occasion magnificently. As we walked up the winding path we saw that many of the patients were already out on the balconies. But we heard later that the children in the poliomyelitis ward thought there might be a better chance of Sister Elizabeth Kenny seeing them if they just stayed inside. Their ward was very quiet. Somehow it made us think of the Pool of Siloam where the sick people waited for the Angel to trouble the waters.

Sister Kenny's visit to the Hospital had been arranged by the pediatric section of the Medico-chirurgical Society of Montreal and promptly at the time appointed she took her place on the platform. She has a commanding presence, deep brown eyes and black eyebrows that contrast sharply with her white hair. She wore a well cut black dress and a smart felt hat. After a courteous introduction, given by the chairman of the meeting, she began to speak. Her voice is clear and soft. She knows what she wants to say and says it. Her manner is not unduly aggressive but there is a look of conscious power about her. She has a delightful sense of humour and a marked capacity for ironical under-statement.

Sister Kenny began her story by saying : "Thirty-three years ago, I was a 'bush nurse' in Australia and came in contact with a child suffering from a disease that was unknown to me. I was alarmed, so I telegraphed the clinical picture, as I saw it, to Dr. Aeneas John McDonnell. He told me that the symptoms pointed to infantile paralysis, gave me some general directions, and told me to do the best I could. This put me on my mettle. *That child's muscles were sick and I had to nurse them.* First I tried applying hot dry salt but that did no good. Then I noticed that one very painful muscle was in spasm so I tore up a blanket and wrung a piece of it out of hot water and put it right on that muscle. The look of fear went out of the child's eyes and the spasm went out of the muscle. Whenever I stopped putting on the fomentation he cried out that he wanted 'thim rags'. So it was an Irish child in the Australian bush who first endorsed the Kenny treatment".

Sister Kenny went on to describe the clinical observations she made of this child and of five other cases whom she treated at the same time. She then outlined her deductions and indicated how they led her to develop the concept of the mental alienation of muscles. Then she told about reporting the cases to Dr. McDonnell and his astonishment at the results she had obtained. She was dismayed to find that her treatment had been far from orthodox. "What are you apologizing for?" said Dr. McDonnell. "The patients got well, didn't they? You have made a great medical discovery that will one day be recognized but not until your spirit has been crushed and broken. I hope to live to see your method accepted."

At this point, it seems appropriate to quote from a preliminary report prepared in 1941 under the direction of the orthopaedic surgery and physical therapy department of the College of Medicine of the University of Minnesota :

> This treatment has been carried on at the Minneapolis General Hospital and the University Hospital under the direct control and supervision of the orthopaedic part of the work at the Minneapolis General Hospital. The actual treatment has been carried out by Miss Kenny herself with the assistance of the physical therapy and nursing staffs of these hospitals.
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> We have been favourably impressed with this work both as to rationale of therapy and as to results so far observed. Miss Kenny has presented ideas which are new to us in the symptomatology and treatment of infantile paralysis and we believe that she has developed a highly refined and detailed method of muscle re-education, and that results have been obtained in the acute cases which we have been unable to produce by previous generally accepted therapeutic procedures. We do not always agree with her explanations but we do applaud her results.
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> In this preliminary report it is our intention to attempt merely to outline the fundamental principles upon which the therapy is based, to present briefly the treatment technique, and to summarize the progress of the cases thus far treated during the acute stage of the disease. Of course, as a result of this study no definite conclusions can be given as yet, but we are hoping that a continuation of the work will allow us to make such a report in the future. We personally firmly believe that this method will be the basis of the future treatment of infantile paralysis and are planning to analyze carefully all the practical and theoretical aspects during the next year or so.
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> The Kenny treatment was developed in the Australian bush through careful observation of the symptoms, signs, and end results of infantile paralysis and its treatment. Miss Kenny has a keen, analytical mind unprejudiced by previous contact with theory or training in the prevalent conception of treatment of the disease and no knowledge of post-mortem pathological findings. In addition she was thrown entirely upon her own resources and thus evolved an entirely original and unconventional concept of the disease. According to this concept the cardinal symptoms of infantile paralysis are, to use her terms, muscle spasm, muscle incoordination, and mental alienation. This is opposed to the usual concept where the cardinal symptom is flaccid paralysis without muscle spasm or incoordination. The presence of spasm has been demonstrated in 100 percent of the acute cases observed in this study.
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> Muscle spasm is a constant accompaniment of the muscle pain of acute anterior poliomyelitis and it may be the real and

sole cause of the pain. It also is a rational explanation for the neck and back rigidity which is usually dismissed with the term "meningeal irritation". This spasm can be released effectively by the use of hot fomentations of a special type and by this method the stage of muscle soreness can be shortened to three or four days at most. It is Sister Kenny's contention that much of the permanent paralysis may be prevented, or at least reduced, by relief of this spasm as quickly and as completely as possible.

Moving pictures were then shown that demonstrated the results obtained in the series of cases treated under the conditions indicated in the above report. Later on, a privileged group was permitted to attend the clinic given in the poliomyelitis ward. Sister Kenny was visibly tired—"I'm getting old", she said with a smile. But the moment the first patient was placed on the examining table she revived. Her strong skilled hands moved swiftly and surely over the shrunken limbs. Her kind smile reassured the nervous youngsters. There was an eager lad of sixteen who was terribly afraid she would not have time to look him over. But Sister Kenny kept her eye on him and he wasn't forgotten.

When the clinic was over we went home down the hill, proud to know that this woman is a nurse. Indeed, she has never pretended to be anything else. She frankly admits that she cannot give a detailed scientific explanation of how she obtains her results. "I leave all that to you" she told the medical men, with a wicked twinkle in her eye. She believes that her methods are right but, from the very beginning, she realized (as every nurse must) that if they were ever to be used for the benefit of the patients she must persuade the medical profession to accept them.

What Sister Elizabeth Kenny has done, other nurses can do. Her discovery was based on an unusual capacity for accurate analysis and sound deduction *plus the opportunity for continuous observation that is the peculiar privilege of the nurse.* This is our field, so let us have the courage and tenacity to explore it. And we may need patience, too. Remember it took Sister Kenny thirty-three years.—E. J.

In the Service of their Country

The military authorities have authorized the announcement in this *Journal* of the death of two members of the Nursing Service of the Royal Canadian Army Medical Corps.

On May 11, 1943, Nursing Sister Frances Eunice Polgreen died as the result of illness. At the time of her death, she was on duty overseas and was attached to Number Eight Canadian General Hospital. Nursing Sister Polgreen was a graduate of the School of Nursing of St. Boniface Hospital, St. Boniface, Manitoba, and was a member of the Class of 1938. Prior to her enlistment, she had engaged in private duty and in public health nursing.

On June 6, 1943, Nursing Sister Ruth Louise Ashley died as the result of illness. She also was attached to Number Eight Canadian General Hospital overseas. Nursing Sister Ashley was a graduate of the School of Nursing of the City Hospital, Saskatoon, Saskatchewan, and was a member of the Class of 1938. Prior to her enlistment she had served in her own Hospital, and in a Red Cross outpost in Saskatchewan. For a time she was a member of the general nursing staff of the Vancouver General Hospital.

The death, so far from home, of these

fine capable young nurses is grievous to all of us. They will be sorely missed by their patients and their fellow-nurses overseas. The contribution to nursing in Canada that they might have made, when this bitter ordeal is over, is lost to us now. But something very precious remains. We shall remember with sorrow and pride that they died in the service of their country. May they rest in peace and may Light Eternal shine upon them.

Maintaining the Quality of Nursing Service in the Present Crisis

Clare Dennison

Nursing service and nursing education are so integrated, so interdependent, and so useless when dissociated that we who try to direct in both fields rarely think of either as a separate entity. We are certain that the quality of nursing service cannot be maintained if the standards of nursing education are inadequate, and we are certain that nursing education is a waste of effort unless it is expressed in good nursing care. We know that no matter how carefully designed or well taught our curriculum may be, the achievement of the average student nurse will be on the exact level of the nursing care which through example and expediency she has seen and practiced. We must not confuse nursing service with nursing care for the terms are by no means synonymous. There is a vast difference between the services rendered by nurses and the nursing care of patients given by nurses. Nursing care has been well defined as "adapting prescribed therapy and preventive treatment to the specific physical and psychic needs of the individual", but Effie J. Taylor expresses my interpretation of that phrase. "The real depths of nursing," she says, "can only be made known through ideals, love, sympathy, knowledge, and culture, and expressed through the practice of artistic procedures and relationships". Nursing service in our hospitals may cover all this ground but also include much more which is not nursing care. Here we could list such activities as keeping and sending to the cashier the charges for medical, dietetic, laboratory, and hospital services not routinely given to all patients; keeping hospital statistics; maintaining an economical use of large quantities of supplies, some of which are not used by nurses; serving meals to patients' visitors; managing the administrative details of the admission and discharge of patients; arranging for the transportation home of the discharged patient; relaying telephone messages to patients' visitors; keeping a critical public pleased with the hospital; preserving good relationships with at least a dozen other departments in the hospital not concerned with the bedside care of the patient but necessary to that care; and filling in the gaps whenever any one of those departments falls short of an adequate performance. I wish to emphasize that these activities are for nursing *service;* they are not for nursing *care.* The last decade has brought us not only more patients but a great change in the type of patient we receive. The public has much more information concerning sickness and health, and it has radically changed its idea of a hospital's function. We remember an era when patients came to the hospital as a last resort, and once there put themselves almost unreservedly under its direction. They expected to get along without all the conveniences of home and were not concerned about the size of their rooms—the view or the decorations. They expected to see a few relatives and fewer friends at short and stated intervals and did not expect to carry on their business or social activities while in the hospital. That era has passed! We still nurse those who are desperately ill, but a large percentage of the *increase* in our census and in the amount of nursing service is composed of and accounted for by those who come for observation and diagnosis. It is good medicine and good standards of public health which bring this group to the hospital before the onset of disease, but the presence of this group has changed and multiplied the demands on nursing service to a degree difficult to measure or define. Many of these people are not sick or even uncomfortable. They come for short periods of two to seven days during which they may not need what we call nursing *care.* They must have the kind of *service,* however, which takes hours of nursing time and very careful attention because in these few days these patients undergo several laboratory tests. Carelessness in the performance of these medical orders means a repetition of the tests, and expense to the patients or to the hospital. We cannot, therefore, give the care of these patients to any other group of workers unless those workers have intelligence and education above the average level.

Not many years ago the voluntary hospitals with closed staffs had a rather small number of attending men in relation to the census. These men had received much of their training at the bedside and depended largely on actual bedside observation for diagnosis and treatment. Today on some of our floors we may have as many doctors as we have private or semi-private patients, and the scope and precision of modern laboratory tests coupled with the type of nursing service provided have made it possible for them to practice excellent medicine with markedly less contact with the patient. Some of these men have very little idea of what constitutes nursing care for they almost never see a nurse giving that care. They leave their orders (often expecting the head nurse to transmit them to the interns), take her reports, and call that nursing service, taking it for granted that the régime will run smoothly. Little by little they widen their expectation of that service to enclose larger areas, not only because the service is always *there,* but because it is under direction which brings the results they cannot always get from their own staffs.

The hospital administrator could tell us that head nurses were not the only burden bearers. In the last twenty-five years he has watched his hospital which was designed for eleemosynary purposes and once supported by philanthropy change to an institution which must, in part at least, pay its own way. He stands between a staff which appears to believe that money comes like manna from heaven and a public which, on the whole, cannot pay for hospital care. His position is not enviable. Not only have investments shrunk and gifts become non-existent, but demands and expenses have skyrocketed. The patients and their relatives expect hotel service. The doctors expect to be furnished with a good supply of all the newest appliances and drugs developed for diagnosis or treatment; and nursing service—that insignificant item in the budget of 1920—has become a red-inked source of agony! These men can see that food, laundry, maintenance, telephone, record room, and pharmacy service must cost more; but they always paid for them and these services have grown. The costs of nursing service, however, seem increased out of all proportion, and clever as many of these men are, they do not seem to see that this disparity is because the hospitals used to get nursing service for a little outlay for instruction plus the maintenance of student nurses. These administrators are inclined to believe that the rise in cost is the result of nursing education, and they either state flatly or imply that nurses have been educated out of all usefulness to the hospital. Actually the education is for a wider usefulness, and it is odd that none has been astute enough to recognize the financial benefits hospitals are receiving because nursing education has raised nursing to a profession—and the members of a profession, in contrast to the members of a labour union, accept low salaries in return for long hours and heavy responsibilities. Very naturally, since nursing service must be paid for, the administrators seek a cheaper type of worker, saying that in reality, very little education is necessary for the performance of what they call "simple nursing care".

How simple *is* the care which goes on day and night in the hospitals? Let us look at the record. During the latter part of 1940 and the first of 1941 our nursing office did a spot study on the treatments and procedures which could not be given to subsidiary workers. We did this three times at two-month intervals for twenty-four hours, and while we know the findings are not conclusive, since so many head nurses, assistant head nurses, and night nurses collected the data, they are rather interesting. Outside of the operating room, the labour and delivery rooms, the out-patient department, and the emergency department, and excluding all diagnostic and research tests, we found about one hundred items covering periods of time ranging from approximately two minutes as in taking the apex pulse to twenty-four hours of constant attendance as in watching patients in respirators. From an average of 473 patients, 109 were ordered blood pressures in intervals ranging from every fifteen minutes to once a day. Sixty patients, or one patient in every eight, received parenteral fluids or transfusions, and while these were not done by nurses they required the help of a nurse and on two of these days patients were receiving continuous intravenous fluid and required constant attendance. The nurses gave gavages, placed fifth leads for electrocardiograms, and applied suction to surgical wounds, tracheotomies, chest cavities, and throats.

They managed the apparatus for Wangensteen suction, tidal irrigation, and bladder decompression. They irrigated eyes, cecostomies, colostomies, draining wounds, urethral and ureteral catheters. They gave colonic irrigations. They did artificial respiration in the interval needed to obtain a respirator, and then started the operation of the respirator. They applied sterile compresses and painted lesions. They did approximately 230 dressings in a day, and this does not include the times these dressings were taken down to show the wound to a surgeon. They did catheterizations, sitz baths, and turpentine stupes. They used the Danzer apparatus. They gave insulin and taught the patient or his relatives to give the drug and examine urine. They administered approximately 1,500 medications daily, by mouth or hypodermic. They had an average of seven patients a day under oxygen therapy and specialled patients after craniotomies, tracheotomies, and the usual surgery. They assisted with lumbar punctures, thoracenteses, paracenteses, and phlebotomies.

While all this went on they met the usual expectations of the staffs. They knew, night or day, without direction, what to watch for and report for the thyroidectomies, the breast amputations, and the prostatectomies. In general, it was not necessary for the surgeon to give specific directions nor to see his patient for several hours after the operation. It was not necessary to tell the head nurse to watch for any toxic symptoms, even after chemotherapy; it was taken for granted that all this would be done. It was understood that the nurses would know how to administer any drug—and pick up any error in writing the order. They would not be exonerated from responsibility if by error 4 cubic centimeters of belladonna were written instead of .4 cubic centimeter, and any nurse followed the written order. The nurses would have been condemned if a patient scheduled for a cataract went to the operating room with even slight symptoms of a cold—or if any patient went there with a premonition that he was going to die. It was not a simple matter to decide on the evidence of symptoms shown whether or not to call the doctor at 2 a.m. or to calculate to a nicety the time the doctor should be called in order to appear in the delivery room at the proper moment, but the right decision was usually made. It would have been very inconvenient for all concerned during those days if the nurses had not known a good deal about the apparatus used in orthopedics, the machinery of the respirators, the oxygen tents, and the suction machines, but the fact that they did know was probably never noticed, so long have nurses been considered an extension of all the services in the hospital. In addition to this, each nurse accepted the responsibility for all services rendered her patient by any subsidiary worker, and every minute of every twenty-four hours the nurses were responsible for the prompt observation and reporting of any change in the condition of any patient.

We call these activities nursing care and their differentiation from nursing service is fairly clear. But when we consider the diagnostic tests now used we cannot so easily mark the difference. When patients are ill, we would say that these procedures constitute nursing care, but many of the patients who come to the hospitals to take these tests are not ill. We need to do more studies before making positive statements, but a careful survey of the medical records of fifty-four such patients shows that during stays ranging from one to seven days, little or no nursing care was required. These patients had x-rays, basal metabolisms, phenolsulfonephthalein tests, gastric analyses, cystoscopies, gastro-intestinal series and various blood tests and, so far as nursing care was concerned, these procedures could have been done by any intelligent and well-instructed person.

I do not imply that these routines are easily managed, although the uninitiated might conclude from reading the nursing techniques manual that anyone who could read and tell time could follow the directions. The catch, however, lies in the perversity of human physiology and behaviour which often refuse to react as scheduled. Mr. Black rejects gall bladder dye. Mrs. White cannot tolerate the sugar given in the glucose tolerance test, while Mrs. Green accepts everything graciously, but cannot believe that "one little drink of water" will completely ruin a test. The nurse adapts the tests to these individual idiosyncrasies and does it successfully because she is intelligent and knows the purpose and the action of the tests. This equipment will not suffice her, however, if she has not also been able to make the patient understand and follow directions, and any who believe this to be a simple task should try to make these explanations to a few assorted patients.

I submit that all this does not add up to simplicity; and I contend that the head nurse who can allocate this work according to the different abilities of staff nurses, student nurses, clerks, ward helpers, orderlies, and volunteers, and on the whole reach a high degree of success in her planning is a very efficient person.

Administrators, doctors, and nursing service directors must decide how much of this service now given is so essential that it *must* be given during this crisis, who shall give it, and what adjustments can be made to give it under conditions which are economical of time and staff. It seems evident from current literature that there are individuals who have yet to be convinced that we face a problem. The lack of contact with reality found in the writer who feels it would be helpful if we made a daily shift of staff from oversupplied to undersupplied wards is as remarkable as his apparent belief that such a plan would be a new idea to us after all our years of staffing hospital divisions. Another writer says:

> The removal of one-third or more of the licensed physicians from civilian practice, and those largely from the younger, more vigorous age groups will increase the load on the remaining less vigorous members of the staff by 50 per cent or more. There are likely to be two direct results from this increase of load. In order to conserve their time, the physicians will delegate an increasing number of their professional procedures to nurses and will send a greater proportion of their home cases into the hospital. This in turn will throw an increasing load on the nursing department. It is entirely conceivable that some hospitals may find it advisable to select a small number of especially well-qualified nurses for training as "flying squad specialists" to take over those professional procedures which the medical staff see fit to turn over to them. Such a plan would greatly increase the confidence of the physicians and their readiness to delegate these procedures. Just as nurse anesthetists have "found their place in the sun" so other nurse specialists may become an accepted part of professional routines.
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> But this delegation of added duties to the nursing department added to the depletion of the force by nurses entering the military services will in turn require new adjustments in nursing routines. Extensive studies have indicated that approximately 50 per cent of the general duty nurses' time is spent in duties which could be performed by less well-trained aides under supervision.
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> Another solution is by revision of some of the nursing procedures. Such of these procedures and routines as have been given intensive study have shown possibilities of decrease in time consumed by as much as 40-75 per cent. While such reductions could not be made in all procedures and the necessity for adequate unit supervision will remain, it is more than probable that the majority of hospitals can readjust both personnel and procedures to such an extent as to compensate for both the added duties delegated to them by the medical staff and for the depletion of their existing nursing personnel, and this without prejudice to the care and welfare of their parents.

I will not comment on the difficulty nurse anesthetists have had to keep "their place in the sun," nor ask if the writer has any idea of what is implied in giving 50 per cent of the nursing service to aides "under supervision", but I must say that I find it difficult to imagine how much more responsibility beyond that already delegated could be carried by these "flying squad specialists" without giving them a doctor's training; that is, unless those treatments which we think require the skill of a highly qualified person are much less important than nurses—and patients—have been led to believe.

When we consider a wider use of the subsidiary worker (the ward or division helper), we have unfortunately to with-stand a mistaken but evidently sincere conviction held by many doctors and administrators. Some of these men are vocal in the belief that nurses discourage any extension of the use of these workers lest in time they usurp the place of the nurse or prove nursing to be so simple that very little education of the worker is necessary. As the director of a nursing service who has used and observed the use of this group for fifteen years, I want to make our position clear in this matter for it is evident that even the nurse administrators who do not have our problems fail to understand the whole situation when they predict in writing that more and more of the "routine care" of the patient will be given to the subsidiary worker and the nurses will progress to more important procedures.

In the first place, nurses themselves advocated and started the use of subsidiary workers because they knew that some areas of work traditionally allotted to nurses could safely be given to untrained people. It was work which nurses did because no one else was there to do it and its performance was necessary for the clean and comfortable environment of the patient. *But it never was considered nursing*. It was housework, monotonous to the graduate and, once learned, unnecessary to the education of the student. Hospital authorities were willing to make the change because it seemed an economy. The ideas that prompted this departure from tradition are still sound. Under supervision a carefully balanced ratio of these workers can be used with safety and economy, and indeed they *should* be used! It does not logically follow that an extension of their work will be either safe or economical.

In the second place, and because hospitals do not compete with salaries paid by industry—especially now in defense work—a large portion of this staff at the present time is of the calibre which industry rejects because of youth or inefficiency. They cannot be left to such simple tasks as dusting, cleaning beds, making empty beds, or tidying bedside tables without a good deal of supervision, and the heavy turnover in the group makes much of the supervision unproductive. The expense of the group, therefore, is not completely apparent on their payroll. This is not a self-motivating staff! They waste materials and time, and even when work-lists are put in their hands many cannot progress from one task to the next without prodding.

We are not unwilling to use these workers. We can and do use them to the extent of their ability, and here it must be remembered that there is a big difference between performing one task over and over again as in industry and adapting different procedures to the needs and desires of variable human beings. What dismays us is the evident expectation that with an enlargement of this group we can give the same kind of nursing service now maintained and assume more of the work formerly done by the medical staffs. We are further dismayed by conclusions on the use of subsidiary helpers made on data compiled for other purposes several years ago. Check-lists of what nurses do and what a subsidiary worker can do are not valid estimates of the *worth* of either group.

The subsidiary worker can be checked off for "washed patient's face and hands", but it is *our* responsibility if, during that process, she failed to notice and report that the patient showed signs of approaching coma or toxic symptoms. Anyone can carry a tray to or from a patient, but the presentation of breakfast to the patient scheduled for a blood sugar test is a matter the head nurse must explain. If food is rejected, the head nurse is expected to know it, but only the intelligent observer who understands the necessity of making that report tells her about it. It all sounds so simple that the full report of all which has been involved in the performance of these simple-sounding tasks will only be realized when the staff nurse departs and someone less skilled takes her place; only when that happens will administrators and staffs realize the dependence they have put on the nurses' trained ability to make and report the observations which the doctor made in former years. Before that happens, we should go on record as saying that subsidiary workers of this type are not capable of giving safe nursing care. If this hope of help must be dismissed, what hope remains? The immediate answer and possibly the solution to our difficulties may lie in our ability to point out the discrepancy between the time which nurses spend on the hospital wards and the time actually spent in giving the patients *nursing care*. We should save the hours spent by nurses in giving service which could be dispensed with or given by other groups of workers and use those hours for the administration of nursing care. We cannot do this, however, without the understanding and the co-operation of the patient and his relatives, the doctors, and the hospital administrators.

We have no desire to return to the ironclad regulations which barely permitted visitors within the walls of the hospitals, but there is a happy medium which has long ago been passed. The patients' friends and relatives now make serious inroad in our scanty supply of nursing hours through their constant presence with patients not seriously ill. Yet little is done to moderate the real abuse of the privilege.

The doctor, with almost no real inconvenience, could save hours of nursing time. He could remember hospital regulations and refrain from assuring the patients' relatives that they could "come in any time" . He could limit the number of visitors who weary the patient and add so tremendously to the confusion and work on the floors. He could observe the meal hours and not choose them to make visits, do dressings and physical examinations, or see patients in the clinics while the meal waits and must be reheated. He could have some system about seeing surgical patients so that dressings once done need not be taken down again in order that he or the resident surgeon may see them. He could let the nursing office know in advance when he expects to show patients in the teaching clinics and not ask for a patient and a nurse five minutes before the class. He could dispense with the attendance of a nurse on many of his routine visits and still let the head nurse know when he has told a patient he could go home, sit up, or discontinue some treatment. Time is wasted when the nurses get the information from the patient and must then telephone the intern for definite instructions. General orders could be left at fairly regular intervals during the day and not at any time convenient to the intern so that the work-sheets must be corrected and medicine tickets made out two to three times a day.

Some of the many time-honoured routines could be dropped—four-hourly temperatures for patients whose temperatures have not varied for a week, routine collection of specimens which are sometimes discarded because the laboratory staffs had no time to examine them, weights taken and recorded but never noticed, bedside notes for patients with conditions so unvaried that the nurses fill in the space with "comfortable day" and a résumé of all the medications already noted on the permanent record, and daily or four-hourly blood pressures for patients whose charts show an even line from one day to another.

Some hospital administrators have gone a long way in stopping this waste of nursing hours. In one hospital the staff was led to agree that apex pulse rates and routine blood pressures would be taken and recorded by an intern or medical student, and the abrupt decrease in the number needed would have been a severe shock to any less seasoned vessels than the head nurses. The same director put a minimum on bedside notes, on routine specimen collections, and on time spent by nurses accompanying doctors on rounds when their presence was not needed. He makes strenuous efforts to control visiting hours and insists that the ordinary discharge of patients to their homes be made before 1 p.m. and not at any odd times during afternoon and evening. Recovery rooms have been established for surgical patients, and this substitutes one nurse for every three or four needed when these patients were not segregated.

Nursing service should be confined to nursing and not used as adjuncts to other departments, but even the cleverest and best of hospital directors is prone to use it in this way. He does it for two reasons; first, because the nursing service is present twenty-four hours every day (our fatal asset), and second, because from long tradition he protects the hospital departments which have always seemed important to him. He does not deliberately nor even consciously discriminate against the nursing service when he listens to the grief of the head of some department and dries the tears by diverting a little of the work of that department to the nursing service; he is merely following a long-established method which has worked almost without a hitch since 1873. He still is prone to act on the assumption that nursing hours are less expensive than supplies. He cannot believe that it would be just as economical to put money into supplies for the use of nurses, even if they used a little more than was necessary, as to have a nursing service waste hours and energy making extra trips to get those supplies when urgently needed. He does this because the nursing service directors may never have shown him that his plan works because the nurses simply walk a little faster or stay on the wards a little longer for the same salary.

The work pattern on our wards was established many years ago, not because nursing procedures must be done at certain hours, but principally to fit them around the routines of the dietitians, the staff doctors, the record room, the pharmacy, the stores, and admitting offices. The plan was undoubtedly good economy in 1918 when nursing service cost less in proportion to work done than any other service, but it may not be good economy now. Very little experimentation has been done on changing work plans because such experiments would inconvenience so many other departments, but changes may be necessary. Certainly more thought could be given to the idea. Is seven o'clock the best hour to start the day? Must all baths be given before noon? Need the hours for four-hourly medications be so spaced that the early morning dose is due before the refilled bottle has been returned from the pharmacy? Or could the pharmacy rearrange its schedule and fill these bottles at night? Must the noon meal and the staff visits coincide? The "peak loads" which necessitate broken time for the nursing staff may not be necessary, and if the work load could be levelled, less staff might be needed.

The statement that time consumed in nursing procedures could be reduced by 40 to 75 per cent should not be dismissed without investigation concerning its authenticity. If the writer of the article which I quoted can prove that so much time is wasted in unnecessary or useless techniques, this charge is a serious one; if it is true even in a small degree, we nurses should make that discovery and provide the correction. A period of crisis may not seem the appropriate moment to do research in time saved or wasted in nursing procedures, but perhaps that project is necessary for the maintenance of adequate nursing care. Time-honoured customs cannot be followed now unless justified by economy of time and effort. The forms and reports sent from the floors to the nursing office and other departments should come under the same scrutiny. Can any of these be abolished, condensed, amalgamated or simplified? Does each one serve a real and separate need? For my own part, I have been amazed at the speed with which these forms can multiply themselves and how easy it is to blind oneself to repetition of information and duplication of effort.

We may as well face the fact that neither the quantity nor the quality of nursing service can be maintained at present *costs*. Money must be spent in alterations which will save time and steps, and salaries must be raised. The general staff nurse has longer hours, more unhappy living conditions, and lower salary than is compatible with the services which we expect, and in the main, obtain from her. There is little we can do to mitigate the fact that patients are sick from five o'clock in the evening to nine o'clock in the morning, and on Sundays and holidays; but we should make the remuneration for her work more in keeping with our demands on the worker. An immeasurable amount of the achievement and the reputation of the hospital rests upon her ability and her morale. It seems to me that a survey of the situation confronting us leads to a few simple but ineluctable conclusions: (1) subsidiary workers on *different levels* and volunteers may help in great measure to give nursing service, but there is no substitute for the well-trained nurse in the administration of nursing care; (2) the maintenance of nursing care may be achieved by (a) using for nursing care many of the hours now spent in activities classed as nursing service (b) eliminating the physical and the administrative factors which waste nurses' time and energy (c) fixing living conditions and salaries for nurses on a level which will keep nurses in the hospitals. Some hospitals may have accomplished all this; some hospitals may have tried other and better plans. We could *all* accomplish much more if we pooled our individual findings. I have tried to show that nursing service and nursing care are not identical. I hope I have made evident my conviction that nursing *care* is the essential which *must* be maintained. I close by reiterating that the quality of nursing care depends on the quality of nursing education and on the careful selection of students admitted to the study of nursing. Perhaps the second criterion is the more important one for it is painfully evident that a professional education given to those who lack the social and temperamental attributes basal to the pursuance of an altruistic profession is no more successful than putting a good veneer over poor unseasoned wood. Finally and fundamentally the quality of nursing care depends on the quality of those giving care.

Editor's Note: This article is a slightly abridged version of an address delivered by Clare Dennison at the convention of the National League of Nursing Education. The full text appeared in the Annual Report of the League and also in *The American Journal of Nursing*. We are greatly indebted to Miss Stella Goostray, president of the N.L.N.E., and to the editor of *The American Journal of Nursing* for permission to reprint this illuminating study.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Periodic Health Examinations in Industry

C. E. Dolman, M.D.

Little more than a generation ago, occupational diseases were treated as foreseeable, but more or less inevitable acts of God. A certain proportion of workers in lead industries expected head-aches, anaemia, gastro-intestinal troubles and palsies while workers with arsenic or mercury or phosphorus did not hold it against the employer or the state if they developed exfoliative dermatitis or nephritis and gingivitis, or hepatitis and maxillary necrosis. The only safeguards for workers were provided by various factory inspection acts, which were concerned with hours of labour, conditions governing the employment of women and juveniles, and to some extent with the general amenities of the work shop. But a few years before the outbreak of the first World War, an increased interest was shown in social security legislation in both England and North America, and compensation schemes were inaugurated for industrial accidents. The state thus recognized that the special hazards to which certain industrial employees were exposed entitled them to compensation in the event that they fell victim to those hazards; and by compelling the employer to join with the employee in contributing to insurance funds, underlined the former's responsibility to minimize these hazards. So in the very beginning the prime interest of industrial hygiene was in problems of safety, and there to a large extent it still remains.

Perhaps it was to be expected that this interest in safety should at the outset come under the jurisdiction of those responsible for the enforcement of labour standards, rather than for the promotion of public health. At any rate, the administration of compensation acts is still customarily a function of departments of labour, rather than of departments of health. Industrial hygiene offers no exception to the rule that expenditures on prophylaxis are far too small a percentage of those required for alleviation. However, a sound beginning has been made, and fairly rapid developments may be expected. These services may today be placed in four distinct categories: (1) factory inspection, including periodic surveys of the physical lay-out of the plants, with particular attention to ventilation, illumination, sanitation, and the safety of the mechanical devices employed. Stemming from this is the devising of labour regulations, covering hours of work, the conditions of employment of women and children, and the compulsory reporting of industrial accidents. (2) Employee compensation for disabilities or illness incurred as a result of special hazards faced during working hours. (3) Investigational activities, to determine the extent to which occupational hazards may be present, to devise control measures, and to induce employers and employees alike to reap the benefits deriving from the use of such control measures. (4) Provision of medical services for the workers, including first aid, health education, general medical care, and in particular, the periodic physical examination.

At present this fourth and latest category of industrial hygiene service is mostly provided through private treaty between employer, employee, and some physician or group of physicians. So far, official state agencies play a relatively small part in these arrangements. Canada, unfortunately, has made little headway in this direction, although there are occasional instances of private arrangements between employer and employee where the former pays one-half or even the whole cost of periodic health examinations. In Ontario, for instance, such an arrangement is in operation under the auspices of an organization known as Associated Medical Services Inc. Again, some of you may enjoy the benefits of the periodic health examination offered certain life insurance policy-holders by the Canadian Medical Institute. But it is regrettable that only a small percentage of those offered this privilege accept it. The response from the average industrial worker to offers of free health examinations might be even poorer than that of life insurance policy-holders. In fact, strong arguments for making such examinations compulsory for industrial workers become self-evident on considering their general purposes.

The general purposes of periodic health examinations include:

1. The identification of unsuspected cases or carriers of infection, or of tuberculosis, venereal diseases, and the typhoid- dysentery-Salmonella infections; and such degenerative disorders as cancer, nephritis, diabetes and cardio-vascular disease. I hardly need elaborate on the value of examining ostensibly healthy people for detection of the carrier state. If, in the course of conducting health examinations of the general population, a chest x-ray and a Kahn test were routinely performed, unsuspected cases of syphilis would probably thus be revealed more frequently than unsuspected cases of pulmonary tuberculosis. But from the standpoint of industry, discovery of tuberculous individuals is perhaps more important than discovery of the syphilitic; for the tuberculous are not employable in heavy industry, in view of the infection hazard they present, and of the fact that rest is an essential part of their treatment.

The frequency of the carrier state in the typhoid-dysentery-Salmonella group varies greatly according to the geographic area under survey, and to the extent to which the newer selective bacteriological media are employed in the detection of such organisms. In British Columbia, the incidence of such carriers, especially of the bacillary dysentery group, had been presumed low. However, shortly after the outbreak of the war we carried out routine stool examinations of food-handlers for the armed forces. Of the first 1000 consecutive specimens examined in the Provincial Laboratories from individual food-handlers, 10 showed positive stool cultures for one or other of the organisms of the typhoid-dysentery-Salmonella group. These figures represent an incidence of 1 per cent of entirely unsuspected carriers of typhoid-dysentery-Salmonella organisms among food-handlers for the armed forces. There is no reason to suppose that any lesser incidence would be found in food-handlers among other groups in the same areas. The increasing tendency to cafeteria feeding accentuates the need for such bacteriological surveys of food-handlers.

2. The detection of the incipient stage or premonitory signs of disease is made easier. Nearly 10 per cent of any group of adults we may pick are either rheumatic, bronchitic, asthmatic, dyspeptic, or neurotic; and suffer some impairment of their way of life because of these conditions. During 1941, no less than 10 per cent of employed males in the United States had disabling sickness—not accidents or injuries—lasting more than eight consecutive days. This high disability rate was due mostly to chronic respiratory, digestive, and nervous disturbances.

3. The periodic health examination helps to establish the limits of the normal. What type and range of deviations from the mean are consistent with a normal life span and with a relatively unimpaired existence? A careful annual check-up of workers, provided proper records be kept, should prove an admirable source of data of this type. Hitherto, the statistics of life insurance companies have furnished most of the comparatively few facts known about this feature of human life.

4. Such examinations are a discouragement of quackery and of resort to patent medicine. One has only to hear the nonsense bellowed forth on the radio, or glance over the advertising columns of the newspapers, to realize what enormous sums are spent on remedies more patent than potent.

5. These examinations foster recognition by the community of the prophylactic spirit. This spirit—so conspicuously lacking in many places— is tantamount to a belief in the all-pervading importance of reason in human affairs.

6. The periodic health examination affords opportunities to health officials, whether doctor or nurse, to assume the role of health educator. This educational function has been sadly ignored or too little practised by most branches of the medical profession.

7. In general, the periodic health examination goes some way towards providing a means of remedying the defects in our community arrangements which result from our providing all kinds of free health services, including periodic examinations, and facilities for immunization, to our young people, and then withholding these services as soon as the child has reached what are so optimistically termed "years of discretion" whereafter he is supposed to be able to take care of his own health. The figures for the incidence of disability of one sort or another among those submitting themselves for examination as recruits at the outset of this war were sufficiently discouraging to emphasize the futility of spending so much on the health only of the very young, then abandoning people to their own resources long before they have the knowledge, good sense, or self-control necessary to safeguard their own health.

The special applications of periodic health examinations to industry include, first of all, the pre-employment examination which obviously offers a sound way of assigning fit men to a given job, and in maintaining them there. Men with some types of disability are clearly unfitted for certain jobs. A man with a rupture cannot perform heavy labour. A man with a dermatitis cannot handle irritating materials. However, Category A men are seldom available now for recruitment by industry, owing to the manpower requirements of the armed forces. Apart from the war factor, as the average age of the population goes up, as it inexorably will, the pool of potential workers in the age group 45 to 64 must expand. This group has been held to be the least desirable from which to recruit workers, yet thence they must mostly come. The pre-employment examination can be made to serve the extremely useful subsidiary purpose of placing the older worker into a job which does not overtax him. It should not be looked upon, and especially not nowadays, as a means of picking out the very best and rejecting the remainder in a group of employables. Secondly, many defects discovered by these examinations are remediable. Some provision must be made for supplying the necessary remedies, so that the potential worker may be able to make his needed contribution. The armed forces have recognized this principle, in the face of so many rejections of recruits. Proper appliances and treatment were furnished and many a below-category man was placed in a higher category as a result. Industry must make similar provision.

There will be some conditions uncovered by the pre-employment health examination which are not quickly remediable, or which would entail health hazards to fellow employees and hence to the public at large. Of these conditions, tuberculosis is perhaps the outstanding example. Syphilis, unless in the infective stage, which lasts a comparatively short time when proper treatment has been instituted, should not lead to rejection of a person from industry. To banish from industry a faithful, conscientious employee, who in the course of a routine blood test survey has been found Kahn-positive, is both ignorant and cruel. Such action results largely from exaggerated reports regarding the incidence and infectivity of the disease, for whose propagation health departments are not guiltless.

Post-employment health examinations should be made at intervals, which will vary to some extent according to the nature of the industry. One year should be a maximum interval between examinations while, where special hazards exist, monthly or even weekly examinations of a limited scope may be desirable. Post-employment examinations are particularly valuable in industry because they allow the deleterious effects of special hazards to be quickly detected. Moreover, once such hazards have been recognized and remedies instituted, periodic health examinations permit the efficacy of the remedies to be checked. Protective devices and practices may indeed be installed or advocated by the plant physician after consultation with the engineer, sanitary inspector, and others concerned. But in many instances, careful examination of the employee who is daily exposed to the hazard provides the only indication of success or failure of the measures adopted.

Again, these examinations should greatly help to minimize the appalling drain on industry, due to illness. Surveys have shown that an average of 7½ days is lost annually by male workers, and 11 days by female workers. When pay is good, as it is today, and working conditions strenuous, absenteeism is prone to occur for slighter reasons and for longer periods than usual. Absenteeism due to illness during 1941 in the United States was some 30 per cent greater in total days of work lost than in 1940. In plants where periodic examinations are carried out with medical and nursing services available where necessary, averages as low as only two days lost per worker per annum have been shown.

Finally, these examinations help to point the way to a larger conception of employer-employee relationship, which may lead, and in a few places has already led, to home visits and follow-up services. A disability discovered in the worker should logically lead to a check-up of the conditions in the home environment which may have contributed to or resulted from the disability; while if an infection be present, possible contacts must be traced. I shall not detail the procedure in the periodic health examination. A careful history, including facts relating to previous employment, to disturbances of function of the gastro-intestinal and respiratory tracts, to faulty diet, poor sleep or undue anxiety, must be taken. In the complete physical examination, special attention must be paid to dental defects, to ear, nose and throat sepsis, to high blood pressure, excess weight, and poor reflexes. The clinical examination must of course be supplemented by such laboratory procedures as urinalysis, a Kahn blood test, and an x-ray of the chest. It is perhaps hardly necessary to add that if these examinations are to be really fruitful, accurate records must be kept, adequate advice must be given, and facilities must be provided for ensuring proper remedial treatment.

Taking Over New Duties

At the beginning of November, Gertrude Hall will take over her new duties as director of public health nursing in the Health Department of the City of Winnipeg and, during the interval, will make a tour of observation under the auspices of the Rockefeller Foundation. For almost seven years Miss Hall has rendered truly magnificent service in the capacity of executive secretary and school of nursing adviser for the Manitoba Association of Registered Nurses. Thanks to her highly intelligent and fearless leadership, nursing education has made notable advances in Manitoba and it was with the utmost regret that the Provincial Association reluctantly accepted her resignation.

Miss Hall is exceptionally well qualified for her new position. A graduate of the School of Nursing of the Winnipeg General Hospital, she also holds a certificate in public health nursing from the School for Graduate Nurses of McGill University. For four years she was in charge of health services at Portage la Prairie and later served as health teacher in the Winnipeg Normal School. From 1931 to 1935, in the capacity of supervisor in the Provincial Department of Health, she organized various health services, surveyed nursing homes, and prepared a nursing manual for the Department of Health. She is an excellent speaker and is the fortunate possessor of considerable personal charm as well as a tremendous capacity for hard work.

It so happens that, by a happy coincidence, Miss Hall became second vice-president of the Canadian Nurses Association just at the time her new appointment was announced. She will surely carry into the national field the many qualities of heart and mind that have led to her outstanding success in her own Province.

Gertrude M. Hall

Care of the Wounded

Towards the end of the last war one British hospital in France had 1,300 severely wounded patients, and of these 113 died. In the Tunisian campaign a similar hospital had 1,500 severely wounded; only five died. That is some measure of the extraordinarily low mortality among our wounded in this campaign. Full statistics are not yet available, but one is assured that when they are they will amaze the world. There has been no tetanus and little gas gangrene, and sepsis has been largely controlled by sulpha drugs.

These results have been achieved in spite of the great transport difficulties under which all our operations have laboured. The wounded have had to be moved hundreds of miles. Sometimes they have gone by motor ambulance, sometime by hospital train. Once we had gained air superiority it was possible to send them by hospital ship. But the most valuable means of moving them was by troop-carrier plane fitted to take eighteen stretcher cases as well as air crew, doctor and nurses. More than fifteen thousand wounded have been evacuated by air in this campaign, normally to Algiers or Oran, sometimes to Gibraltar, occasionally even to the United States or England. The most remarkable achievement was to fly the whole of a small general hospital to a body of American troops which was isolated in desert country. The job took eighty plane loads and was done in one day.

Many wounded men's lives have been saved in Tunisia by the blood-transfusion service and many more by major operations performed closer to the firing-line than ever before. Our new field surgical units, staffed by young surgeons, have done miracles under fire in the way of abdominal, chest, femur, and some head cases. The airborne surgical team showed itself worthy of the parachutists whom it served and with whom it dropped. When parachutists dropped at Bepa one of their surgeons broke his leg just below the knee-joint in landing. He concealed the injury for three weeks and performed a number of major operations in the meanwhile, giving himself a local anaesthetic between operations. All his cases recovered. Another concealed his own severe wound for 31 hours.

Collection of the wounded and their transport to clearing and dressing stations has been most difficult in the hilly districts. In the first place they have been brought in by many means—ambulance, truck, lorry, jeep, mule, or, if all else was impossible, by hand. Then, after the first treatment, ambulance drivers have taken them back many miles sometimes in the dark, over rough and unfamiliar hill tracks, with devoted patience and skill. Many a time I have marvelled to see them nursing ambulances full of pain-racked men over terrible roads so skillfully that the ambulance never once rocked or jolted. The care, concentration, and endurance of these drivers must have saved hundreds of wounded men's lives.

In the last stages of the campaign our medical services had to cope with thousands of enemy wounded and, though many captured enemy medical units were available to help, it was hard work. But the impartial care and skill which had never faltered throughout the campaign did not falter now. One must not forget the women nursing officers in field hospitals who lived rough under canvas, worked like navvies, and were never sick or sorry. Some of the American nurses went ashore at Oran with troops in assault landing craft under fire and did magnificent work.

—E. A. Montague
in the *Manchester Guardian*

HOSPITALS & SCHOOLS *of* NURSING

Contributed by the Hospital and School of Nursing Section of the C. N. A.

"Senior Public Health"

PHYLLIS REEVE

For the past two years at the Toronto Hospital for Sick Children, we have given some practical experience in community health and social needs to a number of students in their senior year, for whom public health was an elective. This is unofficial and may be unorthodox but, for what it is worth to other hospitals and to those nurses who are taking over the health and public health teaching of a student body, we offer it, hoping it may be useful.

One or two students at a time are assigned to "senior public health" for a period of two and a half weeks. After each is given a time-table, planned by the supervisor, the first of a series of discussions takes place in which the objectives are pointed out and the plan of work explained. This plan is made clear by a pre-written notebook which is the student's guide throughout the course. This contains the names and addresses of agencies to be visited, lists of articles in journals, pamphlets, and books to be read, all of which are in the nurses' library. Directions for written work and lists of health and social needs and resources are also given for the purpose of study and discussion.

The second conference between the supervisor and the student is spent on the home visit to be made; the third (and longest) includes the student's reports of her experiences in agency, home and clinic. As a help to the student and to keep these discussion more or less within certain limits a guide to the home visit and a number of questions covering various branches of and problems relative to public health have been prepared. These the student carries with her.

The student spends several afternoons or mornings in reading and writing resumés of interesting articles or reports of visits made. At other times she observes and takes part in the programme in six or seven agencies and ten different clinics, all of which give her a picture of the variety and scope of health and social work. In the clinics she talks to parents and helps with their problems. The work of the Hospital Health Service becomes more real to her as many opportunities of discussion with their nurses arise. Two home visits are made to patients selected from ward or clinic. Ward teaching occupies an hour or so of one day and may be developed in any way the student wishes. The use of pictures, posters, and models is encouraged to make the work interesting to prepare and to present.

This is, briefly, what we have been doing, and this is what we have found out: that the students are keenly interested, that they meet problems they didn't know existed, and furthermore they meet them by themselves and find out what to do about them. They enjoy their independence. They show an appreciation of health and social needs which we believe they could not get from lectures alone. They learn that nurses are teachers, and that health teaching is an essential element of every type of nursing. They begin to see the hospital as a community health centre. They find out what is contained in contemporary nursing journals, and enjoy doing it. We realize that this is only the forerunner of a scheme in community health teaching which may be developed into something better for the future.

By Students for Students

JEAN MACLEAN

Student participation in convention activities was a feature of interest at the annual meeting of the Registered Nurses Association of Ontario. Student delegates had been attending the annual meetings of the Association since 1937 but had not taken part in the official programme. This was their year of opportunity and, while members of the Association were attending their respective sectional meetings, the students enjoyed a programme especially arranged for them and, in the main, conducted by the students themselves. The roof garden of the Royal York Hotel, where a miniature amphitheatre was improvised, provided an ideal setting for this programme which consisted of demonstrations of a number of important nursing procedures. About sixty delegates, representing schools of nursing all over the Province, attended the meeting, which lasted for two and one-half hours. The seating arrangement gave the students an excellent opportunity to see every detail of each demonstration as it was presented. Lively interest was maintained throughout.

The students who did the demonstrating were members of the schools of nursing of several different hospitals and the art of nursing was skillfully displayed by these young ladies. Dressed in the uniforms of their respective schools, they deftly and capably carried out those procedures for which they were responsible. Two or more students participated in each demonstration; one nurse acted as a narrator to explain the purposes of the procedure and the method used; the other nurse or nurses did the actual demonstrating. During the progress of one procedure, which was being exceptionally well done, a student was heard to say, "It is just as easy to do it the right way and it is much more interesting." A discussion period followed the nursing demonstrations. It was lively, at times almost heated, and ably led by the student in charge. The ability with which the delegates discussed those points of nursing technique which came up for consideration was indeed gratifying. It revealed a background of nursing knowledge of which we, as a profession, have every right to be proud.

This initial attempt to provide a programme of special interest to the student delegates proved most successful. Graduate nurses who were privileged to be present felt that student activities should have a permanent place on the agenda of our annual meetings. Such a programme could be developed to be of inestimable value, both to the student body and the Association as a whole. The student of today is the graduate of tomorrow. Upon her interest in nursing education and organization the future welfare of the profession depends.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

The reports of annual meetings (1943) of the provincial associations of registered nurses either have been or will be published in the *Journal*, therefore the interin reports from the same associations as presented to the meeting of the Executive Committee, Canadian Nurses Association, June 7-9, 1943, are briefly summarized as supplemental to the report of the Executive Committee Meeting which appeared in these *Notes* for July.

The Alberta Association of Registered Nurses was successful in obtaining aid for prospective student nurses, through the Youth Training Plan; refresher courses for married and inactive nurses were arranged in nine hospitals within the Province; temporary registration permits were issued to forty-seven married nurses; a travelling instructor in public health gave a course of lectures in nine schools of nursing; the Association, in co-operation with the University of Alberta, arranged a summer school for graduate nurses, to cover a period of ten weeks; each high school in the Province was included in the recruitment campaign for student nurses, in addition to splendid publicity by press and radio.

The Registered Nurses Association of British Columbia arranged with the University of British Columbia for a refresher course in industrial hygiene (evening lectures), and for a three day institute in hospital administration to meet the needs of smaller hospitals; since April 1, 1943, a placement service on a provincial basis has operated officially; the annual registration fee was increased to five dollars; a most successful Nurses' Week was held throughout the Province.

The Manitoba Association of Registered Nurses appointed a travelling instructor whose duties include directing and teaching clinical courses in surgical and obstetrical nursing; each of the first group of nurses (15) was placed in a position on completion of the course; the same instructor visits schools of nursing for the purpose of assisting instructors and head nurses with their teaching programmes; sixty public health nurses enrolled for a week's refresher course; an institute for instructors was held early in July; talks were given in all high schools as part of the recruitment campaign, aided by window displays and press and radio publicity.

The New Brunswick Association of Registered Nurses issued temporary registration permits to twenty-seven nurses; at the request of the Association the director of the public health nursing service is planning a programme for benefit of schools of nursing; a successful Nurses' Week was held in the city of Saint John; publicity included window displays, press and radio announcements.

The Registered Nurses Association of Nova Scotia, as an emergency measure, grants registration on a reciprocal basis for a period of six months at current year fee to nurses registered elsewhere, with temporary residence in the Province; the Association appointed two field representatives for three months to give talks to high school girls and women's organizations and several branches organized excellent publicity campaigns.

The Registered Nurses Association of Ontario has directed the organization or reorganization of fourteen registries under the supervision of a registry adviser who has been appointed for another year and who also will arrange for demonstration courses in the training of practical nurses.

The Registered Nurses Association of Prince Edward Island appointed a travelling instructor who gives centralized lectures to student nurses in two centres, while the science subjects are taught by the staff of the local college or high school; organized registries have been established in two centres; temporary registration permits issued to married and inactive nurses has produced improved service in the general nursing field.

The Association of Registered Nurses of the Province of Quebec petitioned the Provincial Legislature for amendments to the Act of Registration for Nurses in which are incorporated recommendations in a proposed curriculum for schools of nursing in Canada; the new bill provides for the organization of districts within the Association and it is anticipated that ten districts will be formed within the next year. (Since the June meeting of the Executive Committee, the Canadian Nurses Association has been informed that the new bill had been passed by the Legislature of the Province of Quebec).

The Saskatchewan Registered Nurses Association appointed a travelling instructor who has been most helpful to rural hospitals and who also makes contacts with high school students; many centres throughout the province organized active publicity campaigns supported by window displays, and press and radio announcements; representatives of the Association appeared before a special select committee of the Provincial Legislature to study health insurance when a brief was presented, based on recommendations in a brief presented in April 1943 to the federal authorities by the Canadian Nurses Association; the formation of districts of the Saskatchewan Registered Nurses Association by local associations of nurses is developing satisfactorily.

"K. G. 5" Hospital in Malta

A year ago the Canadian Nurses Association received a letter from the founder and organizing secretary of the Silver Thimble Fund of Great Britain, in which the financial assistance of the Association was solicited in support of the hospitals of Malta. This request was referred to members of the committee on administration of the Canadian Nurses Association British Nurses Relief Fund and to the registrar of the War Charities Act for Canada; the latter consulted with the Charities Commission of the United Kingdom, London, England, while the Canadian Nurses Association referred to the provincial associations of registered nurses a proposal that providing official channels approved, the sum of one thousand pounds should be donated as an endowment for a bed in a Malta Hospital. When all official requirements had been fulfilled, the organizing secretary of the Silver Thimble Fund was advised by cable that the Canadian Nurses Association would endow a bed in a Malta Hospital, to be used primarily for nurses.

When acknowledging the funds for the endowment of a bed, the organizing secretary wrote, in part:

> All members of our committee and staff of helpers send their grateful thanks to the Canadian Nurses Association for the £1000 sent to endow a bed in the King George the Fifth Merchant Seamen's Hospital, Malta. The bed is to be named "The Canadian

Nurses Association" and to be used primarily for nurses. The "K. G. 5' (as it is popularly known) has been chosen for the endowment as it is a voluntary hospital. It cares for seamen from all over the world, also for the wives and families of the civilian and military population. Crews and passengers from tourist ships are also admitted if requiring treatment.

Our Malta appeal has made great progress since I last wrote to you and we have had a most encouraging response from overseas. We hope to have raised £30,000 before the end of July. This will be a token of our admiration and gratitude both to Malta and to the gallant men of the Merchant Navy.

The members of the Canadian Nurses Association will feel grateful as they learn that some of the funds they have generously donated are to help in some small measure in the reconstruction of Malta.

The Final Report

The Survey of Nursing as a quick fact-finding study has been completed. Before this article appears in the *Journal* we hope that copies of the report, prepared on behalf of the Canadian Nurses Association, will have reached members of the Executive Committee, and other representatives in the nine provinces.

As stated in the report, the time limit and lack of sufficient assistance to work effectively within this period has placed definite restrictions on the scope of the Survey. Upon reviewing the results, those directly responsible for the production of the report are inclined to feel like the proud parent who commented upon his offspring as small in comparison to the commotion its arrival created. However, the fifty-three pages of the Report on the Survey of Nursing viewed from outside do not give much idea of the content, nor of the work involved in its preparation. It is hoped that a number of readers will find time to carry out an effective study of the contents. There is a vast amount of information contained in the report that can be viewed from many angles and in many different relationships — sufficient material we hope to justify the time and efforts that many busy people across Canada have given to the collection of the data and to the support of its effective use.

Much of the material that served as a basis for the study and report was hot off the press when the final date for the presentation of the report arrived. This is a statement of explanation, not an apology for the fact that the interpretation of the material had to be limited. It is realized that the information found in this report and further data filed in the National Office will serve as a foundation upon which to build other studies.

Much of the information used in the report on the Survey of Nursing came from the registration of nurses carried out by National Selective Service, March 17-19, 1943. It was very graciously made available at the earliest possible moment. However, it must be remembered that even departments of the government are seriously handicapped by the fact that Canada entered the war with a limited number of trained workers in many fields. Numbers can seldom replace very satisfactorily for experience and heads of departments in the government, as well as in civilian life, are having their headaches when it comes to trained personnel.

It is intended that this article, announcing the completion of the Survey, will be supplemented by a more comprehensive report and the editor of the *Journal* has kindly undertaken to find space for this in a later issue. At the present time, groups participating in the National Health Survey have been requested to refrain from publishing in full the content of the reports that have not as yet been presented to the Minister of Defence, upon whose authority the Survey was conducted.

Sincere appreciation has already been expressed for the co-operation and interest displayed in connection with the Survey. Members of committees, provincial representatives and individuals whose help is reflected in the study are assured of this. The many hours contributed to the preparation of the report by the president of the Canadian Nurses Association will be appreciated also by nurses throughout Canada. A very special vote of thanks is included to the busy women in administrative positions who took time to answer questions and to give information that required thought and study even in the best regulated institutions and organizations. They have earned the right to a complimentary copy of the survey and time off to read it. Just in case the "time off" is delayed, the following are a few pertinent statements that may be of interest and may well precede a more complete resumé of the report.

It may be a surprise to many to find that the final report, based on statements received from both hospitals and organizations, on the whole shows a very definite increase in the number of nurses employed in hospitals and public health nursing in 1943 as compared with 1939. In mental hospitals and sanatoria alone, numbers have decreased. The statement already made regarding the replacement of experienced personnel by mere numbers applies in many situations. A study of increase in hospital beds and in bed occupancy and of the added responsibilities delegated to the nursing personnel will explain further existing shortages versus reported increases.

Distribution throws some light on the situation. Whereas, according to the Weir report in 1932, approximately 60 per cent of those engaged in active nursing were in the private duty field, today only 29 per cent are found in this classification while 48 per cent are engaged in work in hospitals and schools of nursing, 14.6 per cent in public health nursing including industry, and 8.4 per cent in other fields. This is a revealing picture when it is realized that the private duty group is the source of supply from which nurses are drawn for many hospital positions, for relief during emergencies and vacations, and to fill other calls. The number in this group has been reduced, while those giving service in institutions and other fields have increased.

The total number of nurses actively engaged in nursing quoted by the Canadian Nurses Association last year is pretty accurately sustained by figures obtained through the national registration. A total of 22,136 reported as actively engaged in nursing with an additional 16,818 nurses not now employed as nurses, but available. However, the great majority of these available nurses state that they would only be able to serve in their own locality and the services of many would be limited to an acute emergency. A special study of individual situations would be necessary in order to obtain an accurate interpretation of the term "available".

Figures obtained through the national registration set at rest the fear that nurses are "flocking" to other occupations. A certain percentage are leaving the profession and after a review of some of the salaries and hours of duty stated — and speculation regarding some *not* stated — one cannot always blame them. On the whole, the vast majority of nurses remain loyal to the profession and to the demands that are being made upon it in the present crisis. 7,216 nurses left the profession since December 31, 1939, 84 per cent to become housewives. It seems evident that the 200 nurses reported in *one* industry, represent just another rumour. The entire figure given for nurses employed in industry, *not as nurses*, for the whole of Canada is 217. Matrimony accounts for over 93 percent of the 27,044 nurses who reported as employed other than as nurses. These are only some of the interesting and enlightening deductions that can be made from the report, and other information that is available. Like the good serial, this article leaves many burning questions to be answered. It, too, is "to be continued", and these questions will be answered when further time and study makes this possible.

Nursing leaders and others are very much alive to the fact that the registration and survey must count for something more than a report. The responsibility of drawing up conclusions to be incorporated in the report was delegated to a small committee appointed by the Executive Committee of the Canadian Nurses Association. In doing this, the members have been guided by opinions expressed by representatives of the nine provincial associations or recommendations forwarded on behalf of the nurses in the respective provinces. There can be no doubt of the interest of all nurses in future developments and, on the whole, of their earnest desire to meet professional responsibilities. The most effective way of doing this, in light of the information now made available, is the problem that must be faced by the nurses of Canada.

KATHLEEN W. ELLIS
Emergency Nursing Adviser
Canadian Nurses Association.

What we Expect of General Staff Nurses

E. C. McILRAITH

The general staff nurse is an important and essential person in the hospital and an immeasurable amount of its achievement and reputation rests upon her ability and upon her morale. When a general staff nurse accepts a position, what is involved? She receives an offer of employment because of her credentials, past record and personal recommendations. These recommendations are based on the very best work that the nurse is capable of doing and it is assumed that she will give her very best service.

Administrators and general staff nurses should co-operate in analyzing the nurse's responsibility to the hospital and the opportunities and satisfactions which the staff positions offer to her. In all fields, the service expected should be based on her personal qualifications, her preparation for the position, and the responsibility placed upon her. The first and most important condition is that she be satisfied with the work she has voluntarily undertaken to do. She has accepted the terms, and it is her duty to adapt to these arrangements until something is proved to be drastically wrong. Satisfaction comes as the result of work well done. There is pleasure to be had in the progress of the patients and in the carrying out of procedures. There are many satisfactions to be attained by the graduate nurse because of her rare opportunity of being close to human beings, helping to build more wholesome attitudes, aiding in the restoration of health, preventing disease and promoting health.

The new staff nurse should become oriented in, and ally herself with, the institution as quickly as possible. The hospital is her employer and as such should have her loyalty, her support and her interest. The hospital is judged by the nurse—her work, her appearance, and her attitude. She should have the ability to organize her work, putting first things first. She should be quick and thorough, and careful in the care and conservation of equipment.

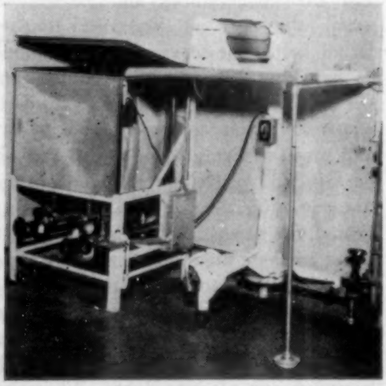
She is close to the patient and thus has an opportunity to show kindness and consideration. She can be friendly and sympathetic but not familiar and, with her experience, she will have a better understanding of her patient's problems. She should be willing to co-operate, able to take responsibility, ready to fill in wherever and whenever needed in order to keep the work running smoothly. She must know and be prepared to accept the rules of the hospital.

The graduate nurse has attained the goal of the student nurse and, when she works in an institution with students, should picture that goal in the terms of competent nursing service. Her work is a demonstration of conscientious nursing, perfected technique, and a high ideal of service. She forms a link between the student and the staff and can have a good influence on the student body by her attitude to the administrative staff, by her attention to detail, and by her conduct and personal appearance on and off duty.

Clinitest Tablet Method

A handy and dependable urine-sugar test method has been developed by W. A. Compton, M.D., Jonas Kamlet, Ph. D. and J. M. Treneer which requires no heat and is suitable for both the laboratory and the diabetic patient. The complete set can be carried in the bag or pocket and a test can be made in less than one minute. The test consists of dropping a tablet into a test tube of diluted urine, allowing for reaction and examining for colour. Estimations up to 2% may be made which are dependable.

A Practical Gadget



Equipment for hot packs

A four-bed unit has been specially set aside in the children's ward of the Ottawa Civic Hospital for the accommodation of patients who are receiving the Kenny treatment for poliomyelitis. In order to facilitate the preparation of hot packs, the equipment shown in the accompanying illustration has been placed in one corner of this unit. It consists of a large ward sterilizer, a wringer having an electric motor, and a metal tray. The packs are allowed to drain in the basket of the sterilizer before being put through the wringer. In this way, the excess water is disposed of and a wet floor is avoided. This equipment is proving very satisfactory in that it is compact and can be assembled and set up by the engineering staff of the hospital.

Obituaries

Mary Ellen Birtles, O. B. E. died on June 22, 1943, in her eighty-fourth year. Miss Birtles was born and educated in England and came with her parents in 1883 to live on a farm near Brandon, Manitoba. After taking a course in teaching, she entered the School of Nursing of the Winnipeg General Hospital, graduating in 1889. In 1890 Miss Birtles took charge of the Medicine Hat General Hospital and, in 1894 became matron of the Calgary General Hospital. In 1898 Miss Birtles returned to Manitoba as matron of the Brandon General Hospital, a position which she held with great distinction for twenty-one years until her retirement in 1919 to her old home at Alexander, Manitoba.

Miss Birtles was an excellent teacher as well as an able administrator. Throughout her long professional career, and even in the years of her retirement, she retained a lively interest in nursing affairs. Those who were privileged to be present at the Golden Jubilee of the Winnipeg General Hospital can never forget her dignified erect figure, in its well cut black silk dress, as she rose to return thanks for the affectionate tribute paid her on that happy occasion. In 1935 Miss Birtles was appointed an Officer of the Order of the British Empire, an award which was greeted with pride and joy by the staff, students and graduates of the School of Nursing of the Brandon General Hospital. Mary Ellen Birtles belonged in her own right to the gallant group known as "the old school". She rests from her labours and her works do follow her.

Mrs. J. H. R. Bond died recently in Winnipeg, Manitoba, where she will long be gratefully remembered as the founder of the Children's Hospital. Mrs. Bond received her training in England and served as a nursing sister during the Zulu War in 1879 and later in Afghanistan and Egypt. In recognition of her fine work, Mrs. Bond was one of the first group of nurses to be invested by Queen Victoria with the Royal Red Cross. At the close of her military nursing career, Mrs. Bond went with her parents to Auckland, New Zealand, where she became matron of a hospital and later established one of the first schools of nursing in that country.

Mrs. Lucille Dow died recently in Vancouver. She was a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1907. Mrs. Dow gave excellent service in nursing patients suffering from tuberculosis but owing to failing sight was obliged to give up active work some years ago.

Floria Mather died recently at the Royal Ottawa Sanatorium. Miss Mather was a graduate of the School of Nursing of the Ottawa Civic Hospital and a member of the Class of 1934.

Florence Rankin died recently in Montreal. Mrs. Rankin (Nursing Sister Florence West, R.R.C.) was a graduate of the School of Nursing of St. Luke's Hospital, Ottawa, and went overseas with the first contingent from Canada in 1914. After serving in France and England, she was awarded the Mons ribbon and star, and was entitled to the Red Chevron. Returning to Canada after four years of service, she engaged in public health nursing in the Province of Alberta until the time of her marriage. Keenly interested in benevolent work, Mrs. Rankin infused vitality into any movement she identified herself with. She was president of the Edmonton Unit of the Overseas Nursing Sisters Association during the year of the Royal Visit and until she left for Eastern Canada in 1940, where her husband, Lt.-Col. A. C. Rankin, C.M.G. is director of hygiene at Military Headquarters in Ottawa.

Mrs. A. Samuel (Katharine Taylor) died recently. She was a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1895. For several years Mrs. Samuel was engaged in private duty and later took up hourly nursing.

Values not Easily Regained

The treasure of learning and the liberal tradition cannot be reassembled, like automobiles in a plant, when the long convulsion is finished; nor can scientists, doctors, scholars, philosophers and artists be fabricated over night. We need to keep soberly in mind the price we are paying for victory—not in terms of dollars, nor indeed wholly in terms of human life, but in terms of values by which the worth of a civilization is ultimately measured. Our enemies kill the humane tradition wherever they can; in the realm of the mind and soul it is their chief adversary. Our concern must be that in fighting this barbarian concept we do not inflict so serious a wound upon the intellectual and spiritual life of our country that though barbarism is conquered without, it finds a low resistance to growth within.

This obligation is laid on the doorsteps of all our educational institutions It is to them that we look for perspective and leadership in such an hour as this. If they cannot carry the responsibility, nobody else will, for nobody else can. In their absorption in military necessities they must not allow themselves to be mere appendages of the war machine. They must not abdicate their high purpose. Unless they keep the candles lit which have largely flickered out elsewhere around the world, we may reach the dim aftermath of war, with victory behind us, but with not enough light left to make it mean anything in terms of a brighter world.

—RAYMOND B. FOSDICK

Overseas Mail

Recognition of Courage

In a letter received from Nursing Sister L. Hazel Blagden, reference is made to a message of congratulations sent, on behalf of the Director General of Medical Services in South Africa, to Nursing Sister Zoe Harman of Victoria, British Columbia, who is now on duty with the South African Military Nursing Service. The message states that Sister Harman acted in an extremely plucky manner when fire broke out in the ward to which she was assigned. Her efforts to extinguish the flames were carried on at great risk to herself and were continued until the fire broke through the ceiling immediately above her. Sister Blagden adds that the whole nursing staff is very proud of Miss Harman, "especially since she herself says so little about the whole affair".

Miss Smellie's Visit

We hope Miss Smellie enjoyed her all too short visit to England even half as much as we did having her. In arranging her itinerary, Miss Neill tried to leave time for Miss Smellie to renew old friendships but had she been able to stay six months we should not have had time for meetings with all who asked. Miss Neill very generously let me accompany the Matron-in-Chief from Canada on some of her visits and so I know at first hand how enthusiastically she was greeted and how wonderful she was everywhere—rarely did she forget a name or some incident concerned with some particular Sister. She stayed at our Canadian Sisters' London Club, and there she met a great many of the Sisters informally. One beautiful spring day we went with Brigadier Chisholm and Brigadier Luton to visit Digswell Place, the delightful home of Colonel and Mrs. Maitland, which they have so kindly given up so that we may use it as a Nursing Sisters Convalescent Home.

At our Canadian Hospitals and Casualty Clearing Stations, Miss Smellie's visits were arranged so that she had either tea or lunch-

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eon with the Sisters and wherever she went she was the life of the party. No. 7 and No. 14 Canadian General Hospital were fortunate in having her visit overnight and this gave opportunity for mess dinners which were most enjoyable. Whenever Miss Smellie spoke to the Sisters, either en masse or individually, her words always carried stimulation, encouragement and advice of real value. During her first week with us Miss Neill held a tea for her to meet various old friends and, fortunately, early in her stay, Miss Hillyers, Matron of St. Thomas' Hospital, was able to entertain Miss Smellie to dinner at the Nightingale School and show her how the famous hospital is carrying on though deprived by enemy bombs of many of its departments.

We do want Canadian nurses to know that we deeply appreciated and benefitted by the time spared for us by the Matron-in-Chief in Canada. We all realize how particularly opportune was Miss Smellie's visit and further that if any other Nursing Service has two such fine women to guide its destinies as Lt.-Col. (Matron-in-Chief) E. L. Smellie, C.B.E., R.R.C., L.L.D., in Canada and Lt.-Col. (Matron-in-Chief) A. C. Neill, R.R.C. Overseas, then they are more than usually fortunate.

D. M. Riches

Principal Matron, R.C.A.M.C.,
Nursing Service (Overseas)

University of Montreal Honours Alice Ahern

The University of Montreal recently inaugurated its beautiful new buildings and, to celebrate this happy event, conferred honourary degrees upon a number of distinguished persons. Among them was Alice Ahern, assistant superintendent of the Nursing Service of the Metropolitan Life Insurance Company in Canada. Miss Ahern received an honourary degree (Doctor of Public Health) in recognition of her contribution to public health, both in her present capacity and in connection with the Thetford Mines demonstration, undertaken by the Metropolitan Life Insurance Company which resulted in a striking decrease in maternal and infant mortality.

Oxyuris Vermicularis

Helen F. Cahill

A girl of eight was recently admitted to the Saint John Tuberculosis Hospital for observation and, as a routine precaution, was placed in isolation. An x-ray examination of the chest and sinuses to proved be negative, but an examination of the stools disclosed the presence of pin worms (oxyuris vermiculars) also known as thread worms or seat worms. These appear as small white threads, the males being about one-sixth of an inch and the females two-fifths of an inch in length. They are usually found in the large bowel, but a few are found in the small intestine and in the appendix in a considerable proportion of cases. Pin worms may be passed in the stool in such numbers as to form a small ball. The most constant symptom is an itching about the anus, chiefly at night, due to the migration of the female to this region for the purpose of depositing eggs. It is thought that oxyuris ova cannot develop into worms in the lower intestine but that the ova must be ingested and pass through the stomach. In such cases, the chief means of increase of worms in the colon would be the carrying of ova by the fingers from the anus to the mouth. Cleanliness is, therefore, an important preventive measure. The hands should be well washed and a brush used on the nails several times daily.

Treatment consists in the administration of gentian violet in 32 mg. tablets after meals three times daily for ten days. Zinc oxide or some other soothing ointment may be applied to relieve itching. On the twenty-first day, swabs may be taken to determine whether ova are still present. These are

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R.N.A.N.S. Annual Meeting

The thirty-fourth annual meeting of the Registered Nurses Association of Nova Scotia was held recently in Bridgewater; the members of the Bridgewater Branch of the Association were the hostesses for this occasion. The president, Miss Jenkins, in her opening address, dwelt upon the crisis with which the nursing profession is faced under present world conditions. She reviewed the major considerations that had demanded attention during the past year: the uses and expenditures of the Government Grant; the special conferences called in connection with the availability of graduates for hospital staffs; the provincial registration measures that had to be taken to prepare the way for any controls that might be enacted by National Selective Service; the National Health Survey; the publicity and recruitment project; the study of the licensing and control of the subsidiary worker; and the proposed National Health Insurance Plan. All these difficult problems had come out of the inevitable unrest of the times. In closing, Miss Jenkins appealed to the members of the Association for their whole-hearted support in meeting and accepting the challenge for loyalty and unselfish effort.

The report of the acting registrar revealed that the membership has been increased by 313 new members bringing the total membership to 1351. An emergency measure was passed granting reciprocal registration to nurses, from other Provinces or from the United States, who fulfilled requirements upon payment of the current fee instead of the initial fee of $10. The registration of such nurses was valid for six months only from date of issue. Among other matters reported were the formation of a provincial government grant committee and a provincial publicity committee. Special conferences will be held in the fall to discuss the hospital staff shortages situation.

The report of the public health committee stressed conditions brought about by the crowding of our towns and cities with many new families, and of the additional burden imposed on the public health nurse as the result. It also dealt with the setting up of the poliomyelitis clinic at the Nova Scotia Hospital where clinics and demonstrations were held for the purpose of teaching and illustrating the Kenny method of treatment, and with the organization in the town of Pictou of an industrial clinic at the shipyards plant. The report of the hospital and school of nursing section was not available owing to the unavoidable absence of the convener, Sister Mary Peter. The report of the general nursing committee discussed the hours of duty, general working conditions and remuneration of private duty and general staff nurses; also the recommendations sent out by the National General Nursing Section dealing with the relief work that could be offered to hospitals by private duty nurses. All branches and committees reported increased activity during the year. A comprehensive report of the important items of National Executive Meetings was given by our C.N.A. Councillor, Mrs. D. J. Gillis The meeting adjourned to proceed to a most enjoyable outing and picnic, arranged by the Bridgewater Branch, at Malega Lake.

Among matters of interest discussed on the following day were the increase of the registration fee to meet the increasing expenses of the Association; the reduction of the age limit required for registration; the organization of the Sections; the problems of private duty nursing; and the matter of obtaining additional subscriptions to *The Canadian Nurse*. The discussions resulted in the adoption of an increase of the registration fee from $2.50 to $3 for one year, effective September 1, 1943, and an increase of the private duty fees to $4 for eight-hour duty and $6 for twelve-hour duty. A pledge was also made by the Association to obtain at least fifty additional subscriptions for *The Canadian Nurse* within the next three months. Interesting verbal accounts of the recruitment project were given by Miss A. E. Richardson and Mrs. J. MacIsaac The session concluded with a round table conference, presided over by Miss Lenta Hall, on the subject of health insurance.

The following officers and conveners of committees were elected for the year 1943-44: president, Miss Marjorie Jenkins, Halifax; first vice-president, Miss C. Graham, Halifax; second vice-president, Sister Anna Seton, Halifax; third vice-president, Miss G. Strum, Halifax; recording secretary, Miss Lillian Grady, Halifax; hospital and school of nursing section, Sister Catherine Gerard, Halifax; public health section, Miss Jean Forbes, Halifax; general nursing section, Miss M. Ripley, Halifax; Library, Miss G. Byers, Halifax; legislative, Miss Marion Haliburton, Halifax; programme and publication, Miss S. Archard, Halifax; Red Cross emergency, Mrs. Eva Haliburton, Halifax; advisory to registrar, Miss Lenta Hall, Halifax; nominating, Mrs. T. W. MacLean, Truro.

All the members present at the meeting agreed that it was one of the most interesting and successful yet held by the R.N.A.N.S. An invitation was extended by the Colchester Branch to hold the meeting in Truro next year.

NANCY H. WATSON
Acting registrar

M.A.R.N. Public Health Courses

The Manitoba Association of Registered Nurses has recently held post-graduate courses for public health nurses, a part of the plan for the use of federal funds secured through the Canadian Nurses Association for public health nursing education. During the first course Miss Ruth Freeman, director of the public health nursing course at the University of Minnesota, was the visiting lecturer. Her classes included principles and practice of public

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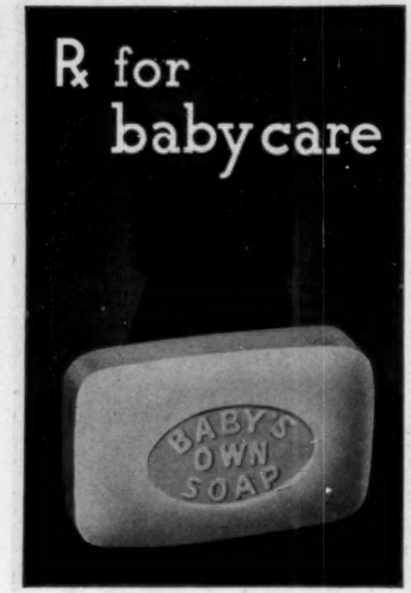

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health nursing and principles of teaching. Sixty-five public health nurses were able to attend. Three students spent an additional two weeks in field work with the Victorian Order of Nurses, the City Health Department and the Provincial Department of Health. The whole course formed a basis for the carrying out of a sound programme within the nurse's district and the entire group responded to Miss Freeman's personality and her understanding of human needs. Other speakers included the deputy minister of health, the medical officer of the City Health Department, Miss Frith of the Children's Aid Society, Miss M. Moore, executive director of the Family Bureau, and Rev. Sister Eugenie of St. Joseph's Hospital, who discussed records.

The second course dealt with supervision in public health nursing. Mrs. Pearl Parvin Coulter, associate professor of public health nursing at the University of Wisconsin, was the visiting lecturer. The course included the development, philosophy and definition of supervision. Tools and methods of supervision were considered; these included visits, conference and staff education. Thirty nurses attended the classes in supervision and, in addition, Mrs. Coulter held two evening meetings with the industrial nurses and others interested in public health in industry. Interest was sustained throughout, and public health nurses went back to their districts to put into execution the new ideas gained through this experience. Mrs. Coulter brought us a great deal from the wealth of her varied experience. We are indebted to the University of Minnesota and the University of Wisconsin for releasing these excellent people at this very busy time. They were most generous in encouraging both Miss Freeman and Mrs. Coulter to come to Winnipeg for these courses.

—Margaret Hart

Victorian Order of Nurses

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Isabel Black, B.Sc., a graduate of the University of Alberta Hospital, Edmonton, who previously served on the Victorian Order staffs in Winnipeg and Victoria, has been appointed to the Hamilton staff.

Mona Smith, a graduate of St. John's General Hospital, St. John's, Newfoundland, and of the public health nursing course, McGill School for Graduate Nurses, has been appointed nurse-in-charge of the Liverpool Branch.

Yolande C. Greco, a graduate of St. Mary's Hospital, Kitchener, has been appointed temporarily to the Montreal staff.

Marie Kaufman, previously on the Montreal staff, has completed the public health nursing course at the University of Western Ontario, and has been appointed to the Hamilton staff.

Mrs. Lunau (Dorothy Speck) has resigned from the Toronto staff.

Phyllis Dawson has resigned from the Toronto staff to join the Nursing Service of the R.C.A.F.

Dorothy King has been transferred from the Kitchener staff as nurse-in-charge of the Orillia Branch.

Eleanor Webster has been transferred from the Orillia Branch as nurse-in-charge to be nurse-in-charge of the Timmins Branch.

Mrs. Patten (Mary Thomas) has been transferred from the Brantford Branch, where she had been temporarily in charge, to the London staff.

Ontario Public Health Nursing Service

D. Maxine Ward (B.Sc. University of Western Ontario) and *Nancy E. Hurst* (Royal Victoria Hospital, Montreal, and public health nursing course, McGill School for Graduate Nurses) have been appointed to the Secondary School Health Service in Ottawa. *Marion Woodside* began this service last year and will be the senior nurse.

E. Muriel Davis (Brantford General Hospital and University of Western Ontario public health nursing course) has succeeded *Annie Smith* as public health nurse in Burlington.

Elizabeth Gillespie (Hospital for Sick Children, Toronto, and University of Toronto, public health nursing course) has re-

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Handy self-closing tin that baby cannot possibly open and that mother cannot spill accidentally.

signed from the Timmins Board of Health to accept the position of public health nurse in Schumacher. *Luella Wing,* who has been public health nurse there for some time, has resigned.

Marjorie Ashie (Nichols Hospital, Peterborough, and University of Western Ontario), formerly with the V.O.N. in Burlington, has accepted a position on the public health nursing staff of York Township.

Aubra Cleaver (Toronto General Hospital and University of Toronto public health nursing course) has resigned from the Haileybury Board of Health to undertake the newly-established generalized service in Goderich.

Oleavia Chant (Buffalo City Hospital and University of Toronto public health nursing course), who for the past two years has been a public health nurse in Kenora, has resigned to accept a position with the Board of Health, Kirkland Lake.

Mrs. Rena L. Moseley (Toronto hospital for Consumptives and University of Western Ontario public health nursing course) has resigned from the School Health Service in Peel County and is now engaged as public health nurse in Brampton.

Dorothy Wiley (B.Sc. University of Western Ontario) has accepted a position with the Board of Health, Windsor.

Helen Kay (Toronto General Hospital and University of Toronto public health nursing course) has accepted a position with the Board of Education, Windsor.

M.L.I.C. Nursing Service

Gilberte Violette (Hôpital du St. Sacrement, Quebec City, 1937) recently resumed her duties on the Mount Royal Nursing Staff, Montreal. Miss Violette has completed a course in public health nursing at the University of Montreal.

Germaine Raymond (Sacred Heart Hospital, Cartierville, 1939, and public health nursing course, University of Montreal, 1930) has resigned from the Company's service. Miss Raymond had been on the McGill staff in Montreal since 1940, and was with the Company since 1931.

IMPORTANT NOTICE

The Association of Registered Nurses of the Province of Quebec

wishes to draw attention to a following recent amendment of the

NURSE REGISTRATION ACT:

> Any nurse who has obtained the certificate or diploma of an approved school of nursing in the province *prior to the nineteenth of March, nineteen hundred and twenty-five* and whose qualifications are approved by the committee of management, shall be entitled to registration without examination upon production of the above mentioned certificate or diploma and payment of the registration fee, provided that the application for registration in that behalf be filed with the Registrar of the Association, on or before the last day of the sixth month immediately following the day of the sanction of the Act.

Any nurse in the above-mentioned category, who wishes to avail herself of this provision of the Act, should immediately secure the necessary forms from the Registrar of the Association of Registered Nurses of the Province of Quebec, Ste. 1012, 1538 Sherbrooke St. W., Montreal. Applications must be made before December 23, 1943, since the provision will cease to exist after that date.

WANTED

The **Manitoba Association of Registered Nurses** invites applications for the position of **Travelling Instructor.** Preference will be given to Registered Nurses with the following qualifications: an academic degree, preferably in nursing; experience as a teacher in a School of Nursing. Applications should be submitted immediately, stating age, full particulars of training and experience, to:

The Secretary, Manitoba Association of Registered Nurses, 212 Balmoral St.,
Winnipeg, Man.

WANTED

A 35-bed hospital requires **Assistant Superintendent** capable of taking charge of operating room and having some knowledge of x-ray technique. Salary $90. per month. Full maintenance. Six-day week and week-end of duty each month.

General Duty Nurses also required. Salary $75. Full maintenance. Eight-hour day and a week-end off duty each month. Address applications to:

Mrs. J. Montgomery, Haldimand War Memorial Hospital, Dunnville, Ont.

WANTED

Applications are invited from registered nurses for General Duty in a Tuberculosis Sanatorium of 360 beds. When writing please state previous experience, age, etc. The salary offered is $75 a month, with full maintenance.

Address applications to:

Miss M. L. Buchanan, Superintendent of Nurses, Royal Edward Laurentian
Hospital (Ste. Agathe Division), Ste. Agathe des Monts, P.Q.
(Formerly — The Laurentian Sanatorium)

WANTED

A qualified **Instructress of Nurses** is required for **September 1** by the **Woman's General Hospital, Montreal. Graduate Nurses** are also required at once for **Staff Positions** and as **General Duty Nurses.** Apply to:

Superintendent of Nurses, Woman's General Hospital, 4039 Tupper St., Montreal, P. Q.

WANTED

An **Obstetrical Supervisor** is required for a 150-bed hospital. Preference will be given to applicants with post-graduate and teaching experience. Apply, stating age, experience, and salary expected, to:

The Superintendent, Memorial Hospital, St Thomas, Ont.

WANTED

Applications are invited for the position of **Assistant Superintendent of Nurses** for a 120 bed hospital. Apply, giving full particulars, to:

Superintendent of Nurses, Galt Hospital, Lethbridge, Alberta.

WANTED

Applications are invited for the position of **Superintendent of Nurses** for a 112 bed **Tuberculosis Sanatorium**. Apply stating experience and qualifications and salary expected to:

Geo. W. Cragg, M.D., Superintendent, St. Lawrence Sanatorium, Cornwall, Ont.

NEWS NOTES

BRITISH COLUMBIA

CHILLIWACK:

To mark the beginning of Nurses Week a gathering of uniformed nurses, including general duty nurses, nursing sisters and public health nurses, attended a special service at St. Thomas Anglican Church. A body of high school students was also in attendance. Two effective window displays were also arranged, one by Miss L. Hodgkins, matron of Chilliwack General Hospital, showing details of blood transfusion and the modern blood bank. The second display was arranged by the district nurses and was most effective in its appeal to recruits for nursing. Miss D. Priestley gave an address to high school girls on the possibilities in the field of nursing. At the annual meeting of the Chilliwack Chapter, Miss Priestley also gave a very interesting report of the provincial annual meeting.

The following officers and conveners have been elected to serve during the coming year; president, D. Priestley; vice-president, A. McKay; secretary, Mrs. C. S. Pennock; treasurer, Mrs. G. Challenger; news, Mrs. J. D. Munro; *The Canadian Nurse*, L. Hodgkins; public health, M. Black; hospital, K. Crowley; programme, Mrs. P. Abbott; refreshments: Mrs. Storey and Mrs. Melville; membership: Mrs. W. Stevenson, Mrs. J. Kirkness, Miss Simpson; finance, D. Morrison; visiting, Mrs. R. Patten; general nursing, Miss Corble; emergency enrolment, Mrs. J. Barker.

MANITOBA

Winnipeg General Hospital:

Beryl Seeman and Gertrude Callin have complete their course in teaching and supervision at the McGill School for Graduate Nurses and have resumed their duties at the W.G.H. Helen Reimer has also returned to the W.G.H. after having taken a course in administration at the McGill School for Graduate Nurses Marjorie Fryer and Eileen Willis, of the V.O.N., have completed a course in public health nursing at the McGill School for Graduate Nurses and returned to their former positions with the V.O.N. in Winnipeg. Florence Stratton, who also took the course in public health nursing, has returned to the social service department of the W.G.H. Beth Rice-Jones and Ruth Crichton have returned to Winnipeg after having taken a course in public health nursing at the School of Nursing, University of Toronto.

NEW BRUNSWICK

MONCTON:

The graduating exercises of the largest class who ever completed their training in the School of Nursing of the Moncton Hospital proved to be the highlight of an eventful "Nurses Week". The week began with Vesper Services, attended by nurses in uniform, and was carried on by means of various social events and demonstrations. Thanks to the generous co-operation of Moncton newspapers and their many advertisers, excellent publicity was given to Canada's need for nurses. Well prepared and interesting articles described the many opportunities that nursing offers as a career for ambitious young women. Striking photographs illustrated various phases of a nurse's work and due emphasis was placed on military nursing service. The whole enterprise was a credit to all those who organized and participated in it.

FREDERICTON:

The Junior class of the School of Nursing of the Victoria Public Hospital recently entertained the young women of the senior class of the Fredericton High School. Miss Sidona Wetmore, acting superintendent, assisted the juniors in receiving the guests and Miss Gertrude Davis played delightfully throughout the tea hour. Members of the teaching staff were also present and the guests were later shown the various departments of the hospital.

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By Ella M. Rafuse, Teachers College, Columbia University. This outstanding guide for nurses and instructors outlines a comprehensive course of study in the salient facts of gynecology. Tests included. $1.60.

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THE VICTORIAN ORDER OF NURSES FOR CANADA

Has vacancies for supervisory and staff nurses in various parts of Canada.

Applications will be welcomed from registered nurses with postgraduate preparation in public health nursing and with or without experience.

Registered nurses without preparation will be considered for temporary employment.

Apply to:

Miss Maude H. Hall

Acting Chief Superintendent
114 Wellington Street,
Ottawa.

ONTARIO

Editor's Note: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Irene Weirs, Department of Public Health, City Hall, Fort William.

District 5

Toronto:

A meeting of District 5, R.N.A.O. was held on June 14. Well attended section meetings convened in the afternoon and later dispersed to various centres for private supper parties. Later in the evening a joint meeting of the Academy of Medicine and District 5, R.N.A.O. convened in Convocation Hall, under the chairmanship of the president of the Academy, Dr. Robin Pearse. Approximately 1500 persons attended. Sister Elizabeth Kenny, the world famous Australian nurse, told a very impressive story as she compared treatment and results in orthodox and Kenny methods of handling infantile paralysis. Her story was illustrated with film and slides.

District 6

Cobourg:

A national memorial service for nurses was held recently at Trinity United Church, Cobourg. The graduate nurses of Cobourg, including those from the General and Ontario Hospitals, attended in a body thus paying tribute to nurses who gave their lives in this war and the last. Rev. W. P. Woodger spoke on "Nurses and their service here and overseas". A moment of silence was observed in memory of our nurses and men in the services.

The nurses of No. 18 Canadian General Hospital, stationed at Cobourg, were guests of Chapter 8. District 6, R.N.A.O. at a banquet held in their honour. Fifty-six army nurses and 52 civilian nurses attended The speakers for the evening were Miss Irene Shaw, Matron Harvey, Nursing Sister Irshman, and the Rev. Dr. Kelly. Miss Mathilda Waechter, president of the Chapter, was chairman.

The sum of $20 was sent to the provincial office for the contingency fund, donated by the nurses of this Chapter.

Peterborough:

Chapter C. District 6, R.N.A.O., the Nicholls Hospital Alumnae Association, and St. Joseph's Hospital Alumnae Association recently held a joint supper meeting at the Staff House of the Canadian General Electric. Some 40 members availed themselves of the opportunity of this social evening together, which marked the closing meeting previous to the summer vacation.

District 8

Ottawa Civic Hospital:

At the recent graduating exercises of the School of Nursing of the Ottawa Civic Hospital 73 nurses received their diplomas. This is the largest class in the history of the School. At a dinner held in their honour, 242 nurses were present. Thirty members of the class of 1933 took this opportunity of holding their tenth anniversary.

QUEBEC

Montreal General Hospital:

At the recent graduating exercises of the Class of 1943, 63 nurses received their medals and diplomas. Dr. A. D. Campbell delivered the address to the graduating class and Mrs. Stuart Townsend spoke on behalf of the Alumnae Association and presented each nurse with a year's membership in the Association. The prize presented by Dr. C. K. P. Henry for highest standing in surgery was won by Miss Joan Clarkson. The Jennie Webster prize, presented by Dr. George Hodge for highest standing in the special services was won by Miss Mary Ward. The Mildred Hope Forbes prizes for highest aggregate marks during the entire course were won by Miss L. E. Mersereau and Miss M. D. Burt. The Board of Management prizes for general proficiency were won by Miss L. K. Cameron and Miss E. H. Colley.

Miss K. Annesley has resigned from the teaching staff and has accepted the position of instructor and supervisor of teaching at the Royal Jubilee Hospital, Victoria, B C. Miss M. Cluff has resigned from the outdoor staff and has taken a position as industrial nurse. Prior to their departure Miss Annesley and Miss Cluff were guests at a tea, and recipients of gifts from Miss Holt and the nursing staff, Miss Inez Welling has resigned her position as superintendent of nurses of the Verdun Protestant Hospital and is taking a well earned rest at her home in Shediac, N. B. Miss Jean Home is doing industrial nursing. Miss A. Christie and Miss E. Simms have been appointed to the teaching staff of the Central Division. Miss Pearson has been appointed to the outdoor staff and Miss A. B. MacLachlan is relieving in the operating room of the Western Division. Miss Olive Mulligan, Miss Yelland and Miss A. Le Brooy have been appointed as Nursing Sisters in

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Keep them healthy—let Baby's Own Tablets help you. Pleasant, simple tablet triturates, they can be safely depended upon for relief of constipation, upset stomach, teething fevers and other minor ailments of babyhood. Warranted free of narcotics and opiates. A standby of nurses and mothers for over 40 years.

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Give A Whiter Finish
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From Coast to Coast.

the R.C.A.M.C. Miss Ruth Walker has been appointed Nursing Sister with the R.C.A.F. Miss E. L. Dickie is doing general duty at the Royal Edward Institute.

McGill School for Graduate Nurses:

Hilda Bartsch (T. & S., 1941) has resigned from the staff of the Alexandra Hospital, Montreal, and has taken up her duties as superintendent at Victoria Public Hospital, Fredericton, N. B. Rose Mary Tansey (P.H.N., 1928) has resigned as supervisor from the Victorian Order of Nurses staff, and is now in charge of the admitting office at the Montreal Convalescent Hospital.

Homoeopathic Hospital:

At the recent graduation exercises of the Phillips Training School for Nurses of the Homoeopathic Hospital of Montreal 18 nurses received diplomas and medals.

Janet Dunn has returned from South Africa after a year's service as Nursing Sister in a military hospital. Aileen Tulloch has joined the Nursing Service of the R.C.A.M.C.

QUEBEC CITY:

Jeffery Hale's Hospital:

Miss E. Coull is working as industrial nurse with the Gaspesian Sulfite Co., Chandler, N. B. Miss E. Farquhar has joined the Nursing Service of the Royal Canadian Navy. Miss G. Martin has completed a course in administration and teaching at the McGill School for Graduate Nurses, and is now on the staff of the teaching department in J. H. H.

BERMUDA

The graduation exercises of the School of Nursing of the King Edward VII Memorial Hospital took place recently in the nurses residence. Mr. H. D. Butterfield, chairman of the hospital trustees, welcomed His Excellency the Governor and Vicountess Knollys, expressing the trustees regret at their forthcoming departure. Miss Marjorie Hallett, B.A., headmistress of the Bermuda High School for Girls, was the speaker and the diplomas were presented by His Excellency the Governor. A vocal number was rendered by Mrs. Harry Dunkley followed by the Benediction given by the Rev. Keith Harmon. A reception followed the exercises.

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MONTREAL CANADA

ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

The Fall examinations for qualification as "Registered Nurse" will be held in Montreal and elsewhere on October 25, 26, and 27, 1943.

Application forms and all information may be procured from the Registrar. All applications must be in the office of the Association by September 30. NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.

Results of examinations will be published on or about December 7, 1943.

E. Frances Upton, R.N., Registrar
1012 Medical Arts Building
1538 Sherbrooke St. West, Montreal, P.Q.

TWO OUTSTANDING BOOKS

DeLee & Carmon's "Obstetrics for Nurses". Twelfth Edition, 651 pages with 292 illustrations and 8 plates in color. $3.50.

Dorland's "American Pocket Medical Dictionary". Seventeenth Edition, 1037 pages. Flexible binding. Plain, $2.50; Thumb-indexed, $3.00.

These books have an increasing sale each year. If you are not familiar with them write us for copies.

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Official Directory

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Honourary Secretary	Miss Rae Chittick, 815-18th Ave. W., Calgary, Alta.
Honourary Treasurer	Miss Marjorie Jenkins, Children's Hospital, Halifax, N. S.

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Numerals indicate office held: (1) *President, Provincial Nurses Association;* (2) *Chairman, Hospital and School of Nursing Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, General Nursing Section.*

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Nova Scotia: (1) Miss M. Jenkins, Children's Hospital, Halifax; (2) Sister Catherine Gerard, Halifax Infirmary; (3) Miss Jean Forbes, 412 Tower Rd., Halifax; (4) Miss M. Ripley, 46 Dublin St., Halifax.

Ontario: (1) Miss Mildred I. Walker, Institute of Public Health, London; (2) Miss Dora Arnold, Brantford General Hospital; (3) Miss Winnifred Ashplant,, 807 Waterloo St., London; (4) Miss Stella Murray, Niagara-on-the-Lake.

Prince Edward Island: (1) Miss K. MacLennan, Provincial Sanatorium, Charlottetown; (2) Sr. St. John the Baptist, St. Vincent's Orphanage, Charlottetown; (3) Miss Mary Leslie, Montague; (4) Miss Eileen McGough, 152½ St. George St., Charlottetown.

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Saskatchewan: (1) Miss M. R. Diederichs, Grey Nuns' Hospital, Regina; (2) Rev. Sr. Mandin, St. Paul's Hospital, Saskatoon; (3) Miss Mary E. Brown, 5 Belleview Annex, Regina; (4) Miss M. R. Chisholm, 805-7 Ave. N., Saskatoon.

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Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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. . . OFF . . . DUTY . . .

It is our misfortune to have been born without mathematical sense . . . We never were sure whether eight times seven makes fifty-four or fifty-six or may be sixty-three . . . and nine times anything is as far beyond our comprehension as differential calculus or square root . . . In our probation days, solutions were a nightmare and it was a great surprise to our instructor when we passed the final test with flying colours and a grade of D minus . . . It seems the irony of fate that in our declining years we should once more be called upon to wrestle with arithmetical problems . . . and yet that is just what we are obliged to do . . . The paper used in the production of this Journal is strictly rationed and the Wartime Prices and Trade Board insists on our telling them what proportion 9898 pounds of paper bears to what we used a year ago last March plus nine percent for demurrage . . . We handed this one over to a talented member of the staff who gave us the correct answer in two minutes flat . . . This put us on our mettle . . . and when it came to filling out our income tax return . . . we decided to manage it off our own bat . . . or perish in the attempt . . . First we went out and bought a book that claimed to tell all about it in six easy lessons . . . then we wrapped a wet towel round our aching brow . . . propped the book open in front of us . . . and filled in the form to the best of our ability . . . The next morning we took it down to the Income Tax office and proudly offered it to a bored official . . . He didn't seem to share our high opinion of it and ran a disdainful pencil through our carefully computed percentages . . . "Lady", said he, "go home and do them over and do them right" . . . A few days later we turned up again only to be waved on to another and even more bored official . . . who pointed out that we had signally failed to do our whole duty . . . "You have not indicated whether the total of compulsory savings portion is the lesser of either (a) one-half of item J or (b) is greater than the total of voluntary savings (if any) as compared with the refundable portion of tax less item K" . . . We feebly muttered that we hadn't got that far at school . . . and that it wasn't in the Income Tax book either . . . "We can't help that, madam," said he, "False information or omission incurs a fine of ten thousand dollars or six months imprisonment or both" . . . Since we evidently have to go to jail anyway, we arrived at the required estimates by adding our telephone number to item J and then subtracting the total from item K . . . It seemed wise to refrain from submitting this final revision personally . . . so we just sent it by registered mail (accompanied by a marked cheque) to the Receiver General of Canada . . . We will let you know later how he reacted to it . . . They let you write letters, even in jail . . .

E. J.

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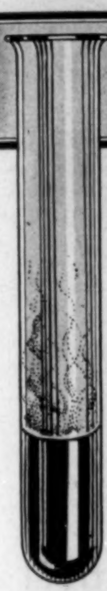

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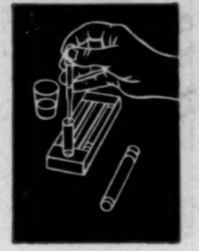
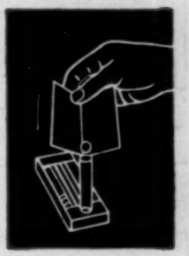
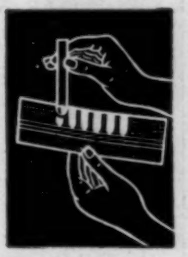


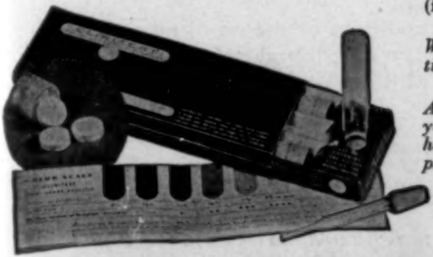
❶ 5 drops urine *plus* 10 drops water.



❷ Drop in tablet.



❸ Allow for reaction and compare with color scale.



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The Secretary, School of Nursing, University of Toronto, Toronto, Ont.

WANTED

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Applications are invited for the position of **Obstetrical Supervisor,** with post-graduate experience and teaching ability, for a 230-bed hospital with Training School. Address applications to:

Superintendent of Nurses, Royal Columbian Hospital, New Westminster, B.C.

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Superintendent of Nurses, Galt Hospital, Lethbridge, Alberta.

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Mr. T. J. MacLeod, Secretary of the Board of Directors.

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Two Floor Nurses are required for the **Barrie Memorial Hospital** in **Ormstown.** Apply to:

The Lady Superintendent, Barrie Memorial Hospital, Ormstown, Que.

WANTED

Applications are invited for the position of **Instructress of Nurses.** Apply, stating experience and qualifications, to:

The Superintendent, Kenora General Hospital, Kenora, Ont.

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Applications are invited for the position of **Ward Teaching Supervisor** in the **Phillips Training School for Nurses, Homoeopathic Hospital of Montreal.** Applications should be addressed to:

Superintendent of Nurses, Homoeopathic Hospital of Montreal, 2100 Marlowe Ave., Montreal, P.Q.

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Reader's Guide

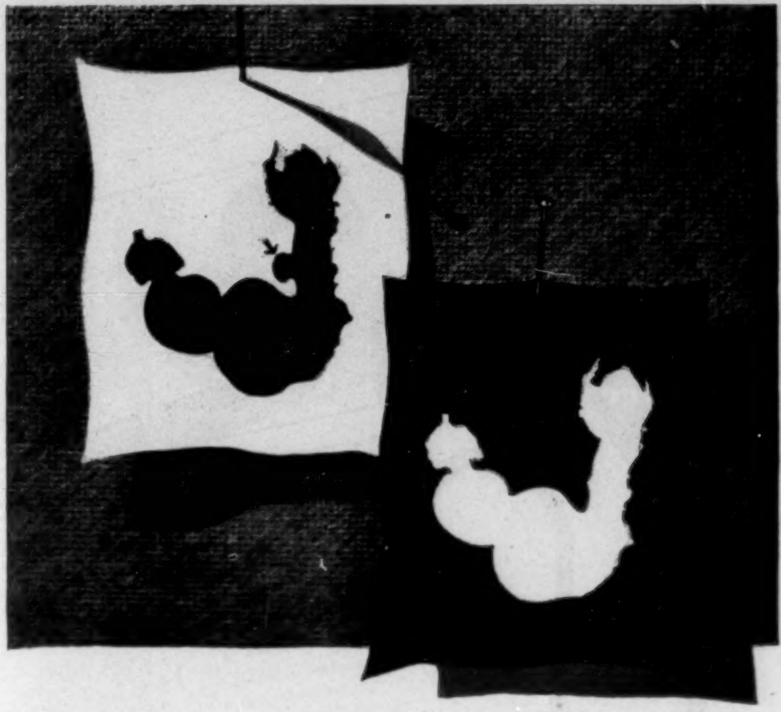
Upon the recommendation of the Department of Pensions and National Health, a **Federal Grant** of a quarter of a million dollars has been made to the Canadian Nurses Association by the Canadian Government. An outline of the allocation and distribution of this magnificent gift will be found in **Notes from the National Office.** The fact that the grant is much larger than it was last year is evidence that our Government is convinced that Canadian nurses have rendered a good account of their stewardship and are worthy of public confidence.

Even under ordinary conditions, the prevention and control of venereal disease is one of the most difficult and baffling of all public health problems. In wartime, the whole situation becomes so acute that active measures must be taken to cope with it and we are very grateful to **Lt. Col. D. H. Williams** for allowing us to reprint his challenging and inspiring plan of campaign. In the letter authorizing us to do so, he writes: "During my five years experience in British Columbia, I found the nursing profession a tower of strength. The problem of venereal disease is so gigantic that its solution depends upon the aggressive action of large numbers of agencies and individuals. I envisage the support of Canadian nurses and their agencies as essential to wiping out syphilis and gonorrhoea". Lt. Col. Williams is the Chief of the Division of Venereal Disease Control, Department of Pensions and National Health, and is, therefore, in a position to give the strong and enlightened leadership that will ensure the success of the national campaign in which Canada is so vitally interested.

Until the war is over, we shall not know how much we really owe to the men of the Royal Navy and the Merchant Service who kept the seas in spite of the lurking menace of the submarine. Even when rescue did come in time to save life it often did not arrive soon enough to prevent suffering and mutilation. **Matron Rae Fellowes, R.C.N.,** writes of the treatment given for one serious result of exposure and, in an accompanying letter, makes the encouraging suggestion that "immersion foot" may soon be a thing of the past. Matron Fellowes is a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and is in charge of the nursing service in the Royal Canadian Naval Hospital in Sydney, Nova Scotia.

An exceptionally stimulating panel discussion took place at a recent meeting of District 8, Registered Nurses Association of Ontario, under the auspices of the provincial Hospital and School of Nursing Section. The manuscripts of the brief addresses given by the participants were so lively and interesting that they were sent to the *Journal* for publication. The first of these, entitled "What we expect of general staff nurses", written by Miss E. C. McIlraith, appeared in the August issue of the *Journal* and is followed by "A new deal for the general staff nurse" by **Isabel Baird**. Miss Baird is a graduate of the School of Nursing of the Rhode Island Hospital and took the course in administration recently offered by the University of Toronto School of Nursing. Strictly speaking, the articles in this series should appear on the special page sponsored by the General Nursing Section but after consulting the national chairman of the respective Sections, it was decided that the Section which sponsored the panel had priority rights.

Doesn't it give you a thrill just to look at the pictures of the R.C.A.M.C. Nursing Sisters which appear in this issue of the *Journal?* We are most grateful to the **Department of Public Relations (Army)** for its generous and sympathetic response to our request that in future the *Journal* shall have its rightful share of "news releases" accorded to the Press.



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